

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Amedia Anderson

CERTIFICATE OF DEATH

Died at	Town	Washington	County	MARYLAND		
Date of death 190	Month 7	Day 31	Age 98	Years	Months 6	Days 2
Sex Female	Color or Race White	Birth-Place Maryland				
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband David Anderson	Father's Birthplace Maryland				
Father's Name Nathan Farlow	Mother's Birthplace Maryland					
Mother's Maiden Name Not known	How related to deceased Son-in-Law					
Name of person giving Information Mrs. Spangler						

CAUSES OF DEATH

Primary Paralysis (66) How long 3 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

Wm S. Frt., M.D.

Name
in
Full

James S. Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
190	July	20	Age 75	— 21
Sex	Color or Race	white	Birth- place	New Jersey
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife	Millie Anderson		
married	Husband	John Anderson		
Father's Name	New Jersey			
Mother's Maiden Name	Phoebe Spahr			
Name of person giving Information	Mrs E. A. Shufridge daughter			

CAUSES OF DEATH

79

How long

?"

How long

6 weeks.

PHYSICIAN
OR CORONER

Primary chronic Endocarditis & Nephritis

Immediate Failure of heart Compensated

Are the name, age, sex, color, date
and place correctly given above?

720

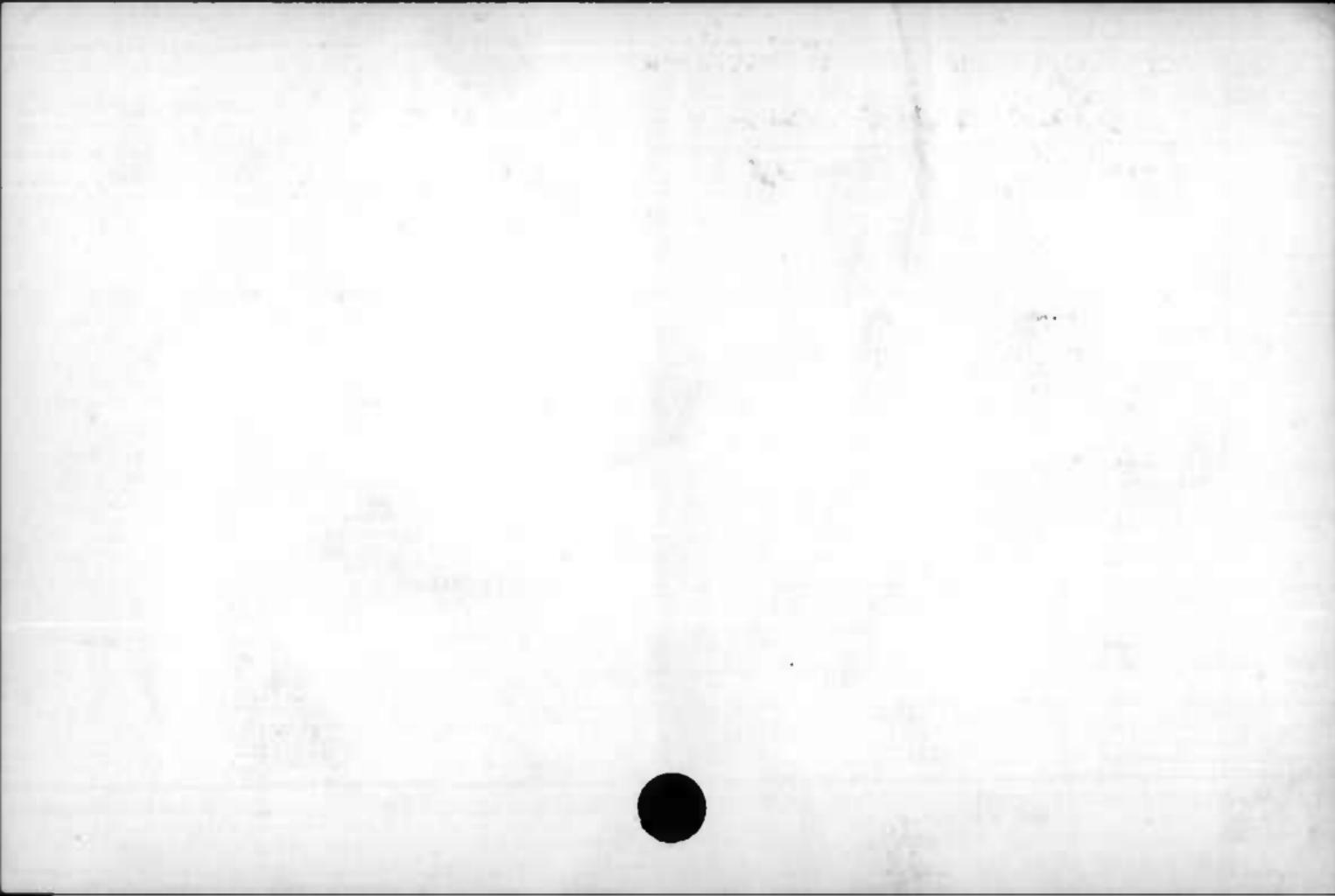
Signature of
Physician

Address

Victor D. Miller, Jr.
Hagerstown, Md

Accident or Suicide?

no



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Clarence Eugene Blair

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Lewis H. Blair			
Mother's Maiden Name	Orphia Davis			
Name of person giving information	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diarrhoea

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

105

How long

Two days

How long

Four hours

Accident or Suicide

Abraham Shank
Clearspring
Washington County

Clarance Eugene

Name
in
Full

Mrs Amelia Boeuer

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Daniel Breuer			
Father's Name	Jos. G. Breuer	Father's Birthplace	Md		
Mother's Maiden Name	Hettie A. Helleber	Mother's Birthplace	11		
Name of person giving information	Barbara Breuer	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

40

How long

One year

Immediate

Gradual Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

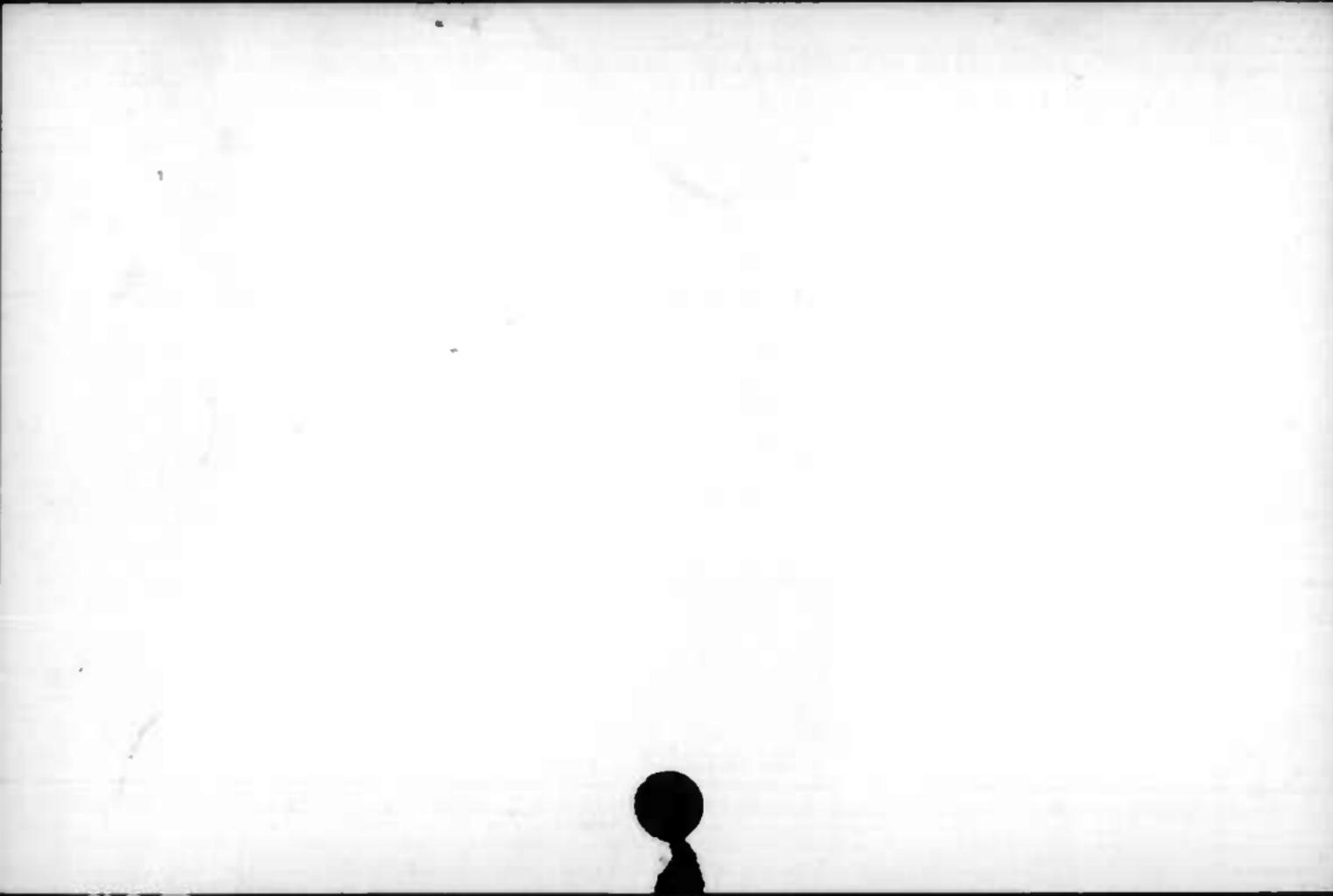
Address

H. P. Perry

Clearspring

Md

Accident or Suicide?



Name
in
Full

John W Boyar

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Antietam

County
Washington

MARYLAND

Date
of death 1907

Month
7

Day
27

Age
58

Year
1907

Months
3

Days
13

Sex
Male

Color or
Race
White

Birth-
place
Robinsville

Occupation
Stone Mason

Where Residing if not
at place of death
Antietam

Married, Single
or Widowed

Name of Wife or
Husband
Mary Elm Boyar

Father's
Name
Samuel Boyar

Father's
Birthplace
Don't Know

Mother's
Maiden Name
Mrs. Fink

Mother's
Birthplace
Don't Know

Name of person giving
Information
Charles E Boyar

How related
to deceased
Son

CAUSES OF DEATH

79

How long

Primary

Has had Rheumatism for years

Immediate

Heart trouble from all accounts

Very sudden

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. Howell Gardner

Address

Sharpsburg Md.

Accident or Suicide?

Undertakers
L.E. Suman & Son

Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Arthur Brown

CERTIFICATE OF DEATH

Died at Hagerstown

County Washington

MARYLAND

Date of death	1907	Month	7	Day	3	Age	16	Years		Months	-	Days
---------------	------	-------	---	-----	---	-----	----	-------	--	--------	---	------

Sex	Male	Color or Race	Colored	Birth-place	Md
-----	------	---------------	---------	-------------	----

Occupation	Laborer	Where Residing if not at place of death	Md
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Married, Single or Widowed	Single	Name of Wife or Husband	Md
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Father's Name	George G Brown	Father's Birthplace	Md
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Mother's Maiden Name	Carrie Parker	Mother's Birthplace	Pa
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Name of person giving information	Gerry A Brown	How related to deceased	Brother
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CAUSES OF DEATH

120

Primary	Organic Paroxysmatus Nebulans	How long	2 mos.
---------	-------------------------------	----------	--------

Immediate	Cardiac Failure	How long	10 days
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Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. H. Dagaman
--	-----	------------------------	---------------

		Address	Hagerstown Md
--	--	---------	---------------

Accident or Suicide?	No		
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Coffeewee
bluempring

Name
in
Full

Minnie V. Burgan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Antietam		Town	Washington		County	MARYLAND			
Date of death	1907	Month	July	Day	17	Age	37	Years	Months	Days
Sex	Female		Color or Race	White		Birth-place	Antietam			
Occupation	Hausfrau									
Married, Single or Widowed	Married		Name of Wife or Husband	Chas. Burgan		Where Residing if not at place of death				
Father's Name	James Garrison				Father's Birthplace	Near Hagerstown				
Mother's Maiden Name	Mary A. Gampftrau				Mother's Birthplace	" Sharpsburg				
Name of person giving Information	John Burgan				How related to deceased	Brother-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis &

27

How long

Years

Immediate

Heart Disease - Organic

How long

Years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. M. Gurnett,
Sharpsburg, Ind.

Accident or Suicide?

Chas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Emily Byrnes

Town

County

Died at

Hagerstown

Hagerstown

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

7

26

59

Age

-

-

Sex

Female

Color or
Race

Colored

Birth-
place

Na

Occupation

House work

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Frank Byrnes

Father's
Birthplace

D.K.

Father's
Name

Don't know

Mother's
Birthplace

D.K.

Mother's
Maiden Name

L. K.

How related
to deceased

Son

Name of person giving
Information

Henry Bell

CAUSES OF DEATH

104

How long

2 yrs.

Primary

Chronic Gastritis

Immediate

Heart Failure

How long

Organic heart
R. Scheeler
HagerstownAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

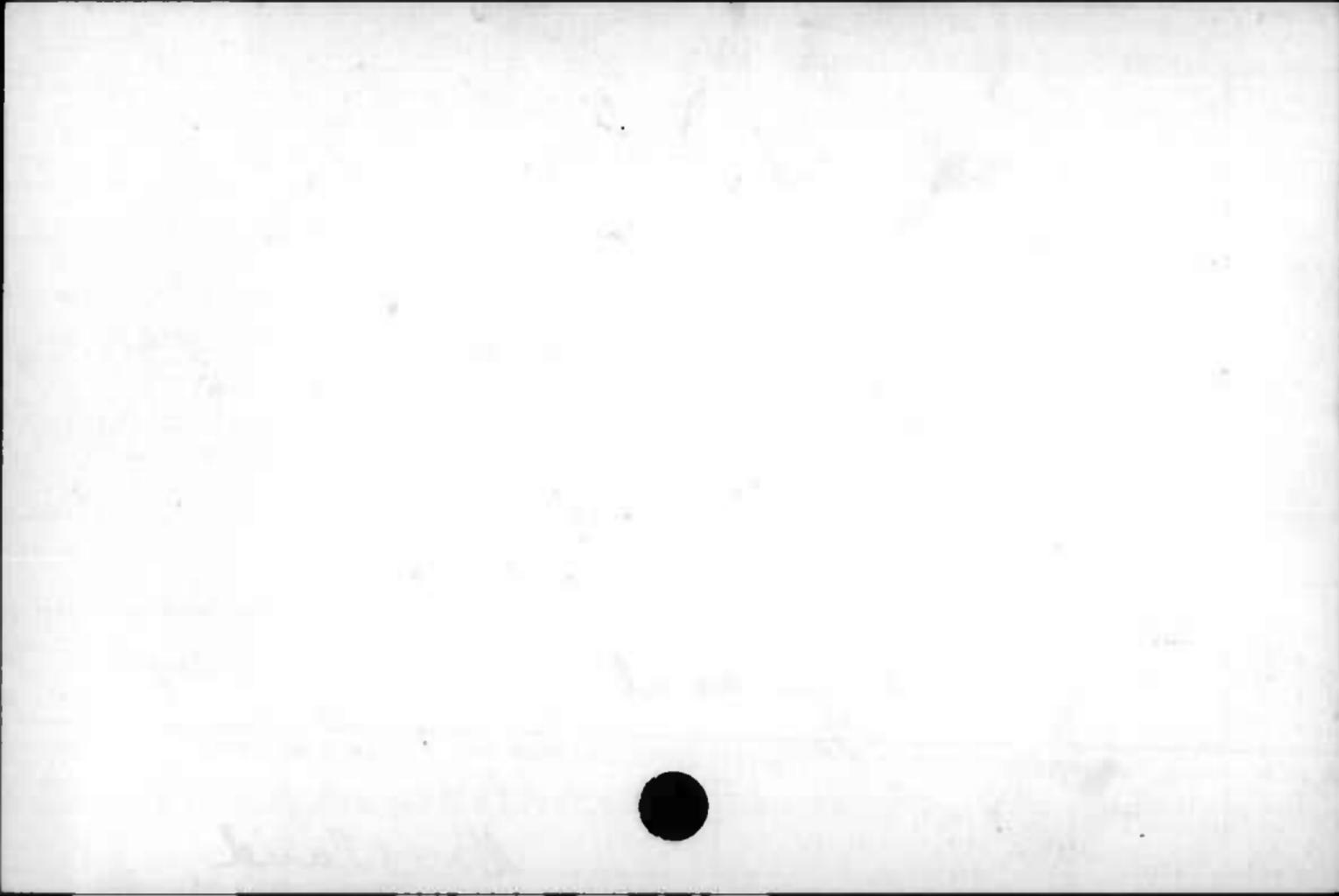
Halfway

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death 1907	Month July	Day 20	Years 71	Months 10	Days 7
Sex Male	Color or Race white	Birth-place Pa			
Occupation Farmer	Where Residing if not at place of death				
Married, Separated or Widowed	Name of Wife or Husband Harriet Keppe	Father's Birthplace Pa			
Father's Name Christian Conrad	Mother's Birthplace Md				
Mother's Maiden Name Eva Wally	Name of person giving information Mrs. man Keppe	How related to deceased Sister			
CAUSES OF DEATH					
Primary	40				
Turner of the Stomach	How long Two months				
Immediate Exhaustion	How long Two weeks				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Abraham Shank			
		Address Clearspring Md			



Name
in
Full

Samuel Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Malilda A Davis	Birthplace
Father's Name	Sam Davis	Birthplace	Birthplace
Mother's Maiden Name	X Malilda Dillinger	Birthplace	Birthplace
Name of person giving Information	William Davis	How related to deceased	Son

CAUSES OF DEATH

(66)

Primary	Paralysis	How long
Immediate	same as above	How long

10 days
10 days

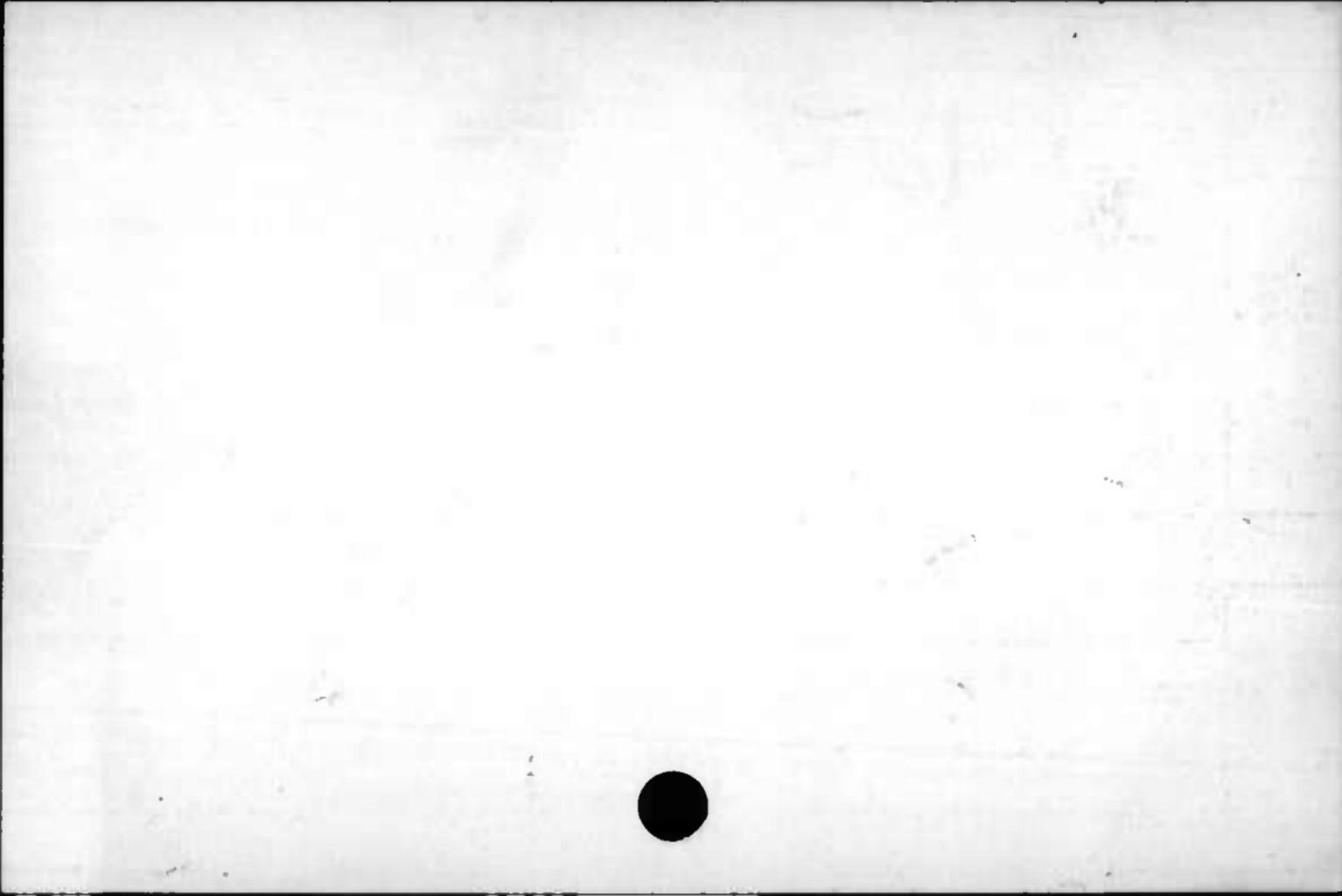
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address

Dr. S. T. Lester
Williamsport
Maryland

B RL

Accident or Suicide?



Name
in
Full

Martha A. Fowler
Town Beaver Creek County Marin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month	Day	Years	Months	Days
Date of death 1907	July	5	Age 10		
Sex Female	Color or Race	Where Residing if not at place of death			
Occupation		Beaver Creek Beaver Creek			
Married, Single or Widowed	single	Name of Wife or Husband	Father's Name	Father's Birthplace	Cheswick
Father's Name	Chas. H. Fowler		Mother's Maiden Name	Mother's Birthplace	Hagerstown
Mother's Maiden Name	Margret Barnes		Name of person giving Information	How related to deceased	Father
Name of person giving Information	Chas. H. Fowler				

CAUSES OF DEATH

Primary

Diphtheria

(9)

How long

2 weeks.

Immediate

Heart Failure

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

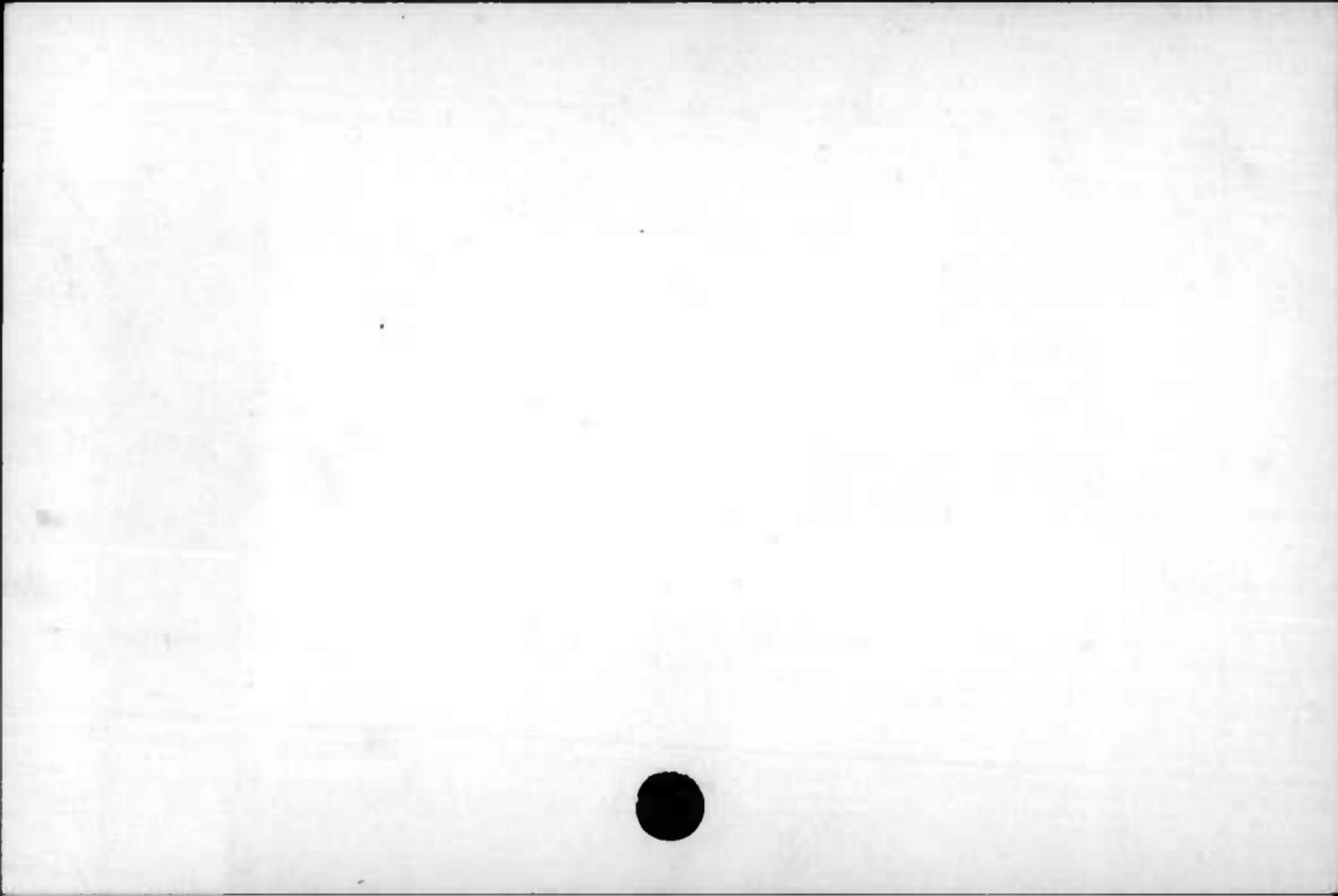
Yes

Signature of Physician

Wm. J. Quinn Esq.
Cheswick

Address

Accident or Suicide?



Name
in
Full

David M. Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month July	Day 24	Year 18
Sex Male	Color or Race white	Birth-place Sharpsburg	Months 3
Occupation Lores	Where Residing if not at place of death	Days 20	
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Josephus Gross	Father's Birthplace Locust Grove		
Mother's Maiden Name Aga R. Starkey	Mother's Birthplace Near Williamsport		
Name of person giving Information Josephus Gross	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inflammation

(108)

How long

Immediate

Three days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. M. Garrett
Sharpsburg, Md.

Accident or Suicide?

Chas. S. Wade
Mudontaker

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Elyja House

Town

Hagerstown

County

Washington

MARYLAND

Died at Hagerstown Date of death 1907 Month 7 Day 31 Age 82 Years

Month — Days —

Sex Female

Color or Race

White

Birthplace

Md

Occupation

House work

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

George House

Father's Birthplace

Md

Mother's Maiden Name

Caroline Sheets

Mother's Birthplace

Md

Name of person giving
InformationHow related
to deceased

—

CAUSES OF DEATH

(66)

Primary

Paralysis & Dystrophy

How long

Immediate

Heart failure

How long

8 days

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J.W. Mustot M.D.

Hagerstown

Md

Accident or Suicide?

Beards, Church
Coffman

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND.

PHYSICIAN
OR CORONER

Jacob Hause

Died at Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

190

July

22

Age

68

2

14

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Millwright

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Jacob Hause

Father's
Birthplace

Md

Mother's
Maiden Name

Catharine Sheets

Mother's
Birthplace

Md

Name of person giving
Information

Catharine Hause

How related
to deceased

Sister

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

One month

Immediate

Heart Failure

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

S W Hunter MD
Hagerstown
Md

Accident or Suicide

Chewsville,

A. K. Coffman

Name
in
Full

Sallie Delgrange Hensell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month 7	Day 28	Years 52	Months Days
Sex Female	Color or Race White	Birth-place W. Va		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Thomas Lee Hensell		
Father's Name	Ruth Yule	Father's Birthplace	W. Va	
Mother's Maiden Name	Sallie Daniels	Mother's Birthplace	W. Va	
Name of person giving information	Cora Hensell	How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hernialegia	(66)	How long	36 hours
Immediate	Expansion		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Daniel A. Locklins
			Address	Hagerstown Md.
Accident or Suicide?				



Name
in
Full

Daily J. Henson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

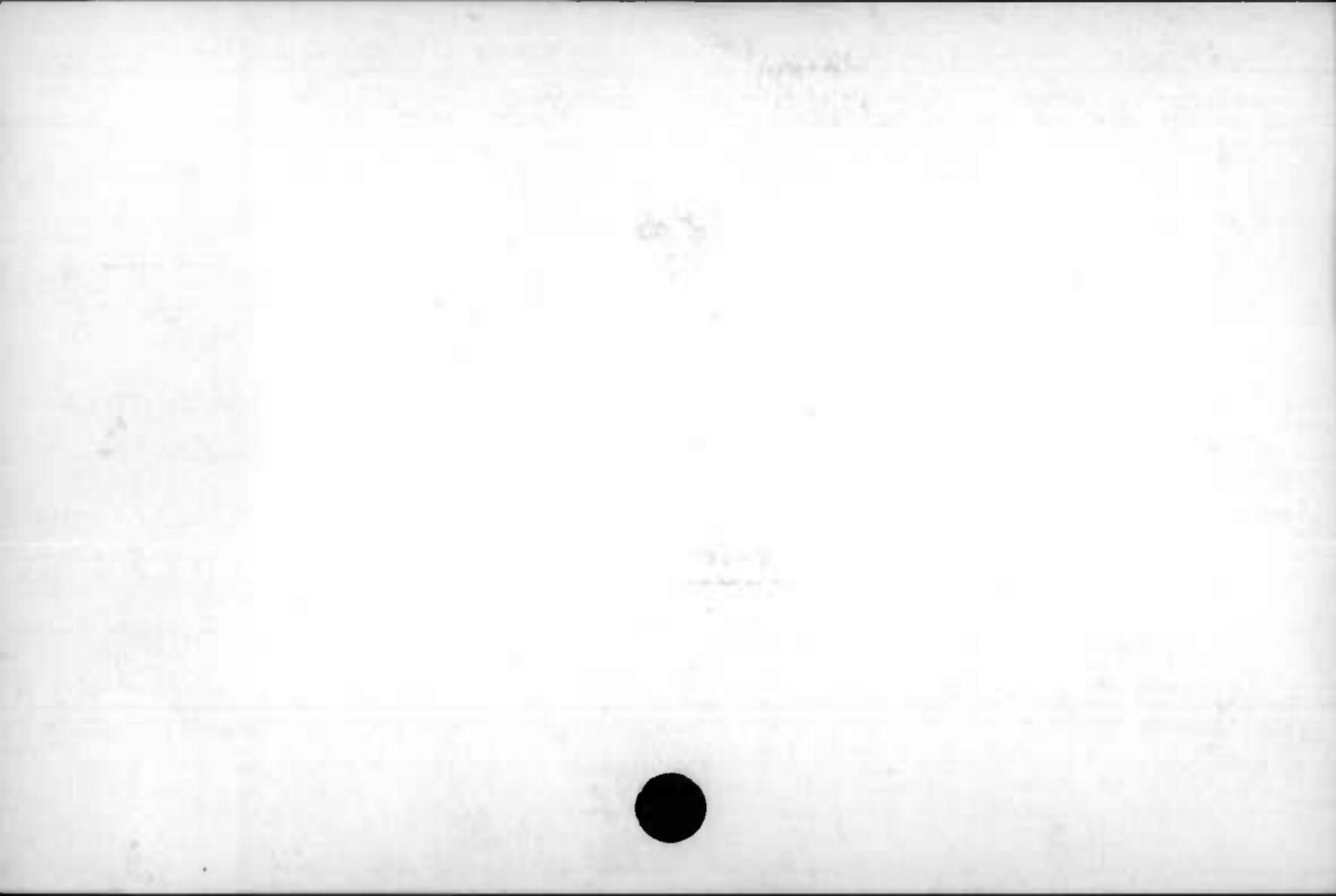
Died at		Town	County		MARYLAND	
Date of death 1907		Month July	Day 12	Years 32	Months 9	Days 25-
Sex	Male	Color or Race	White		Birth-place	Dayton 4
Occupation	Day Laborer			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Anna Henson			
Father's Name	Geo. Henson			Father's Birthplace	Hagerstown Md	
Mother's Maiden Name	Roseanna Ridemour			Mother's Birthplace	Smithsburg Md	
Name of person giving Information	Frank Henson			How related to deceased	Brother.	

Interned at
Bakersville

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		27	How long	Four years
Immediate	Tuberculosis			How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	O. O. Grandine	
Only saw him a few times recently			Address	Sharpsburg Md	
Accident or Suicide?					



Name
in
Full

Still Born Child of V. P. Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	S Father's Birthplace				
Mother's Maiden Name	W. C. Mother's Birthplace				
Name of person giving Information	How related to deceased				

Hagerstown Washington Md

V. P. Hill S W. C.

Blanch Mehlner H. C.

V. P. Hill Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born S

How long

Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. W. Warkam
Hagerstown

Accident or Suicide?

Buried in Shepherdstown
W. Va.

Name
in
Full

Katherine Estelle Kyle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
1907	7	19	6 16
Sex	Color or Race	Birth-place	
Female	white	Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
single			
Father's Name	George J. Kyle	Father's Birthplace	Md.
Mother's Maiden Name	Emma V. Harper	Mother's Birthplace	"
Name of person giving Information	Mrs. G. J. Kyle	How related to deceased	mother.

CAUSES OF DEATH

Primary

Dysentery

14

How long

10 day

Immediate

Cardiac Failure

How long

few hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A.P. Stappes
Hagerstown, Md.

Accident or Suicide?

No.

Suter

Name
in
Full

Florence M Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	July	4	5			
Sex	Female	Color or Race	White	Birthplace	York, Pa.	
Occupation			Where Residing if not at place of death	York,		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Griffith Jones		Father's Birthplace	Dales		
Mother's Maiden Name	Genie Williams		Mother's Birthplace	Dales		
Name of person giving information	Griffith Jones		How related to deceased	Father		

CAUSES OF DEATH

Primary

Accident

164

How long

immediate

Immediate

accident - Crashed skull

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

yes

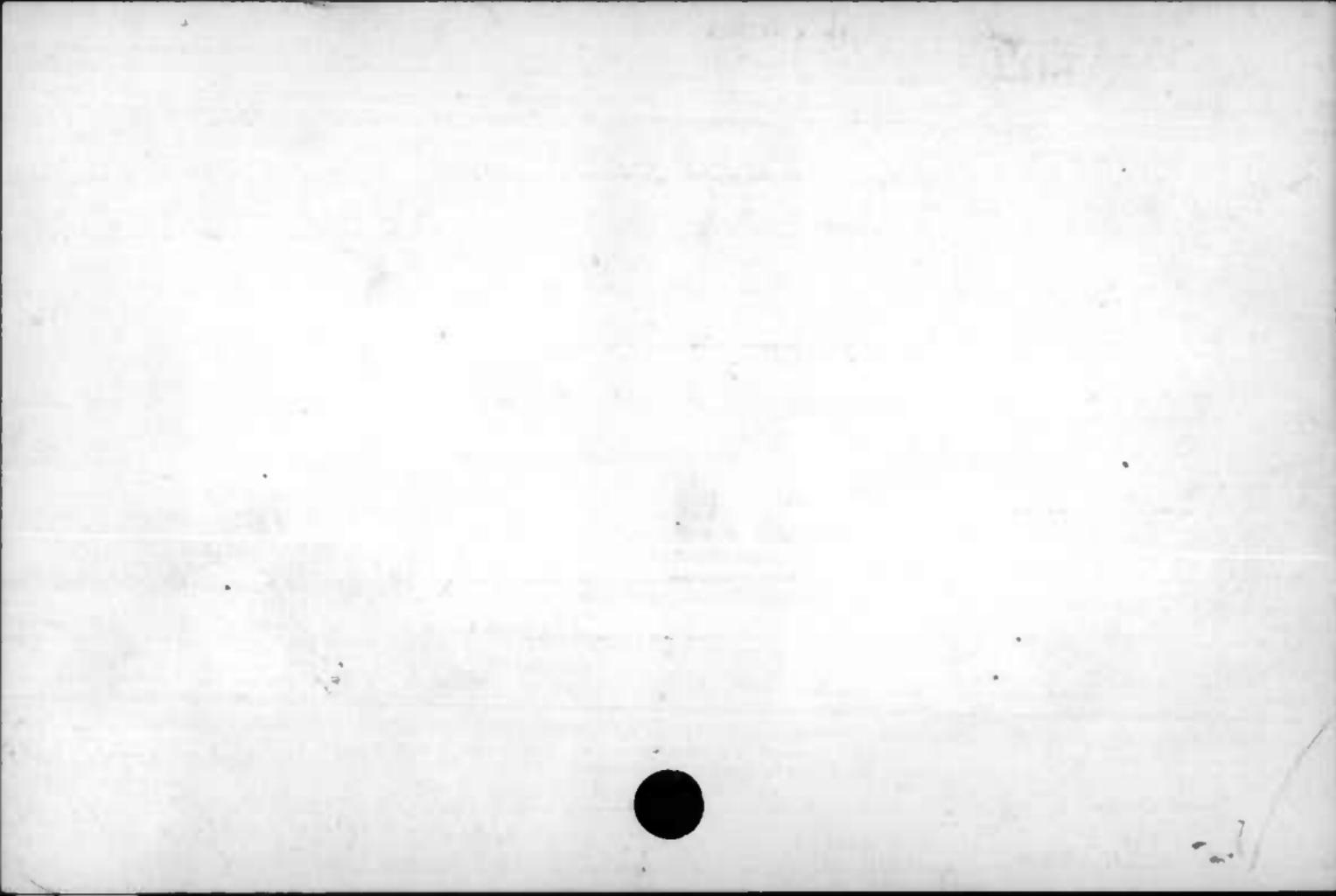
Signature of Physician

R. S. Morgan

Blue Mountain,
Md.

PHYSICIAN
OR CORONER

Accident - Suicide?



Name
in
Full

Surie Eershure

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Franklin Eershure				
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	(1)	How long
Immediate	Exhaustion -		How long
Are the name, age, sex, color, date and place correctly given above?		32	Signature of Physician
			Address
Accident or Suicide?		700.	

Watkins

Name
in
Full

Alice Anna Endre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 7	Day 10	Years —	Months 6	Days 10	
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	Clerk		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Albert L. Endre		Father's Birthplace		Md		
Mother's Maiden Name	Eliza S. Pather		Mother's Birthplace		Md		
Name of person giving Information			How related to deceased				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

—

How long

—

Immediate

Choleran Typhoid

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

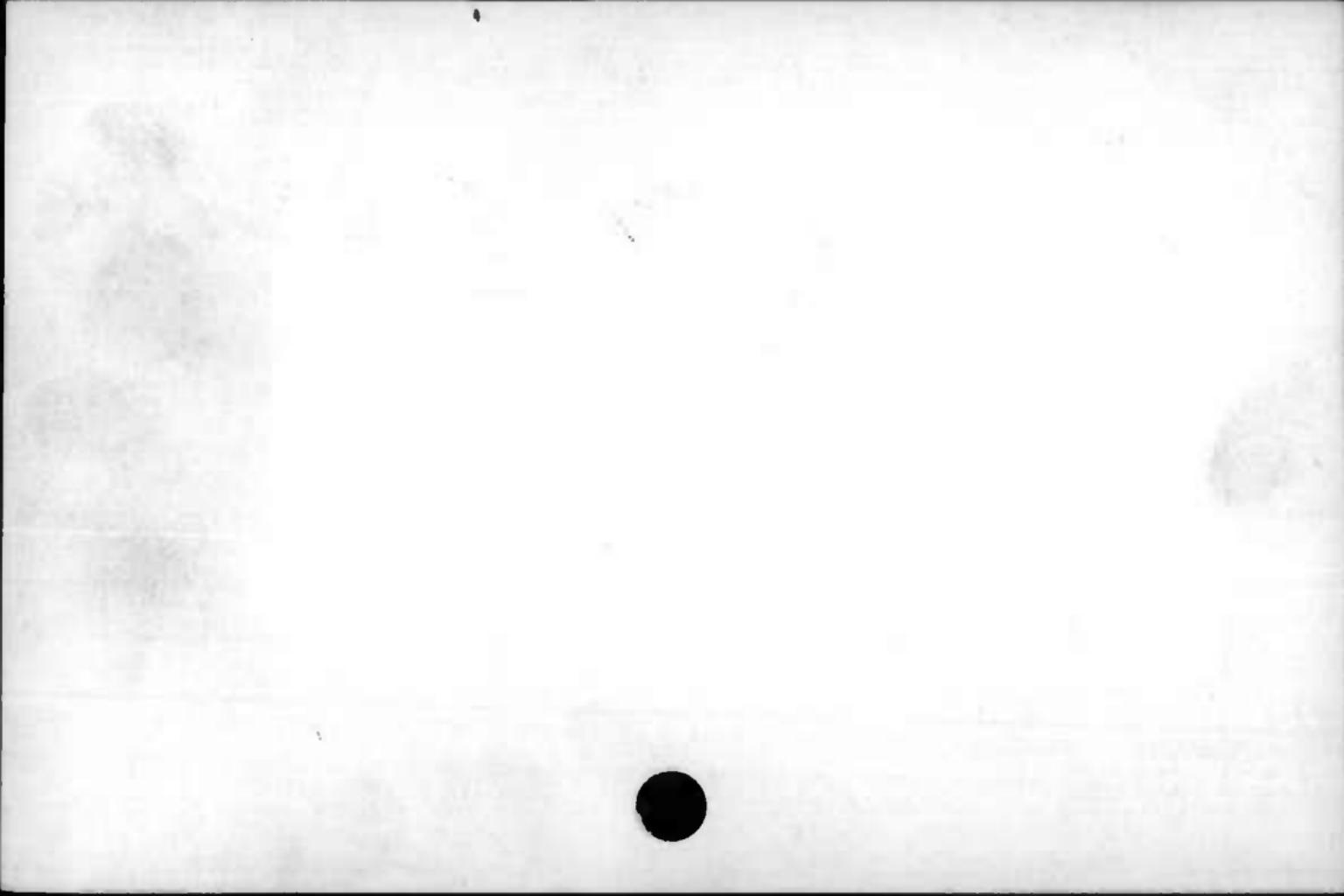
Yes.

Signature of Physician

Address

W.H.Campbell
440 W Washington St
Hagerstown Md.

Accident or Suicide?



Name
in
Full

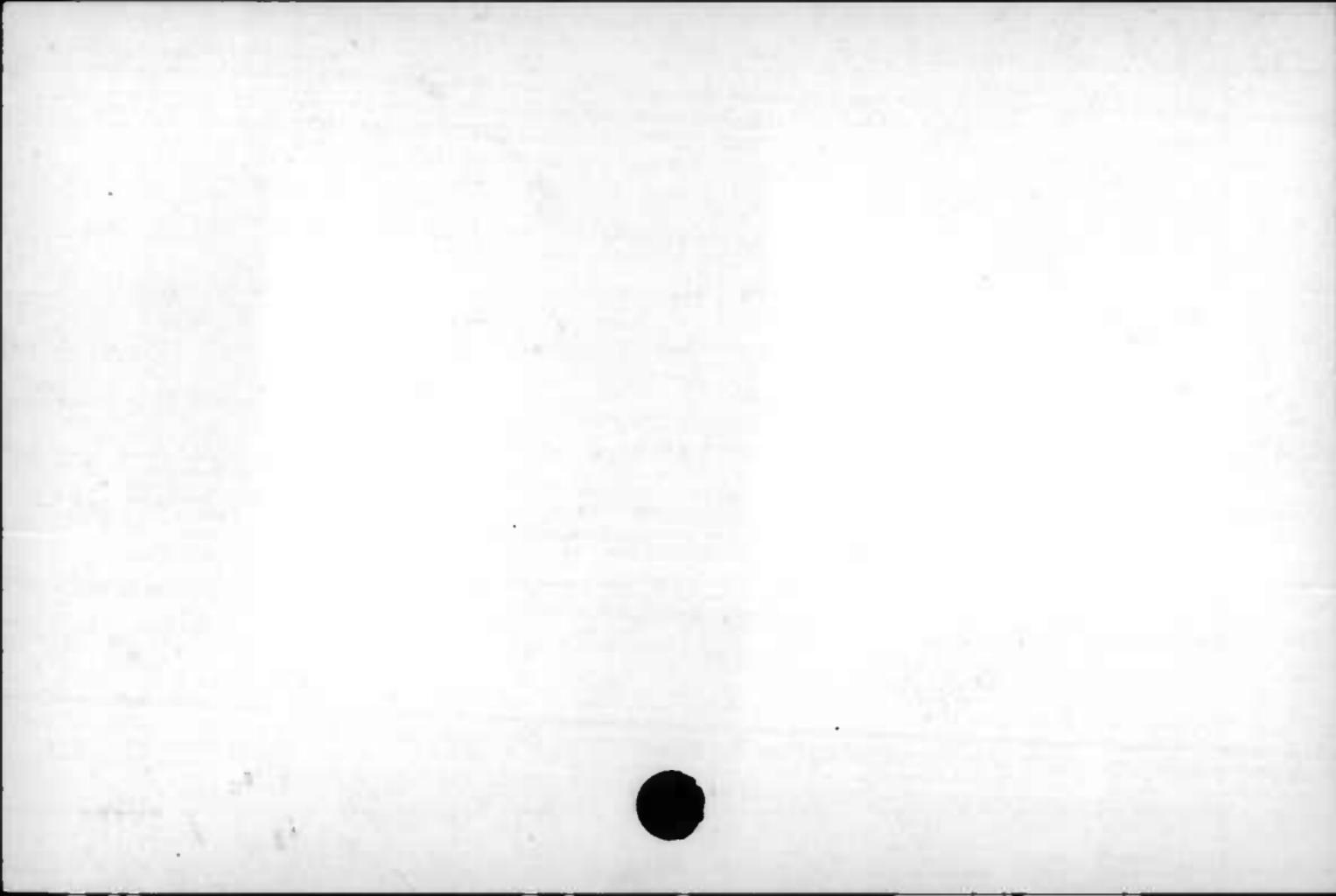
Marylou Kuhn.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth-place			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Asa Kuhn.		Father's Birthplace Hagerstown			
Mother's Maiden Name	Lemuel Bowman		Mother's Birthplace Pleasant Valley			
Name of person giving information	Asa. Kuhn		How related to deceased Father			
CAUSES OF DEATH						
Primary	Bronchitis Pneumonia		92 How long 20 days			
Immediate	Convulsions		How long 2 hours			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Dr. M. D. Kuhn		
			Address	Smithsburg Md.		
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Emma Landis

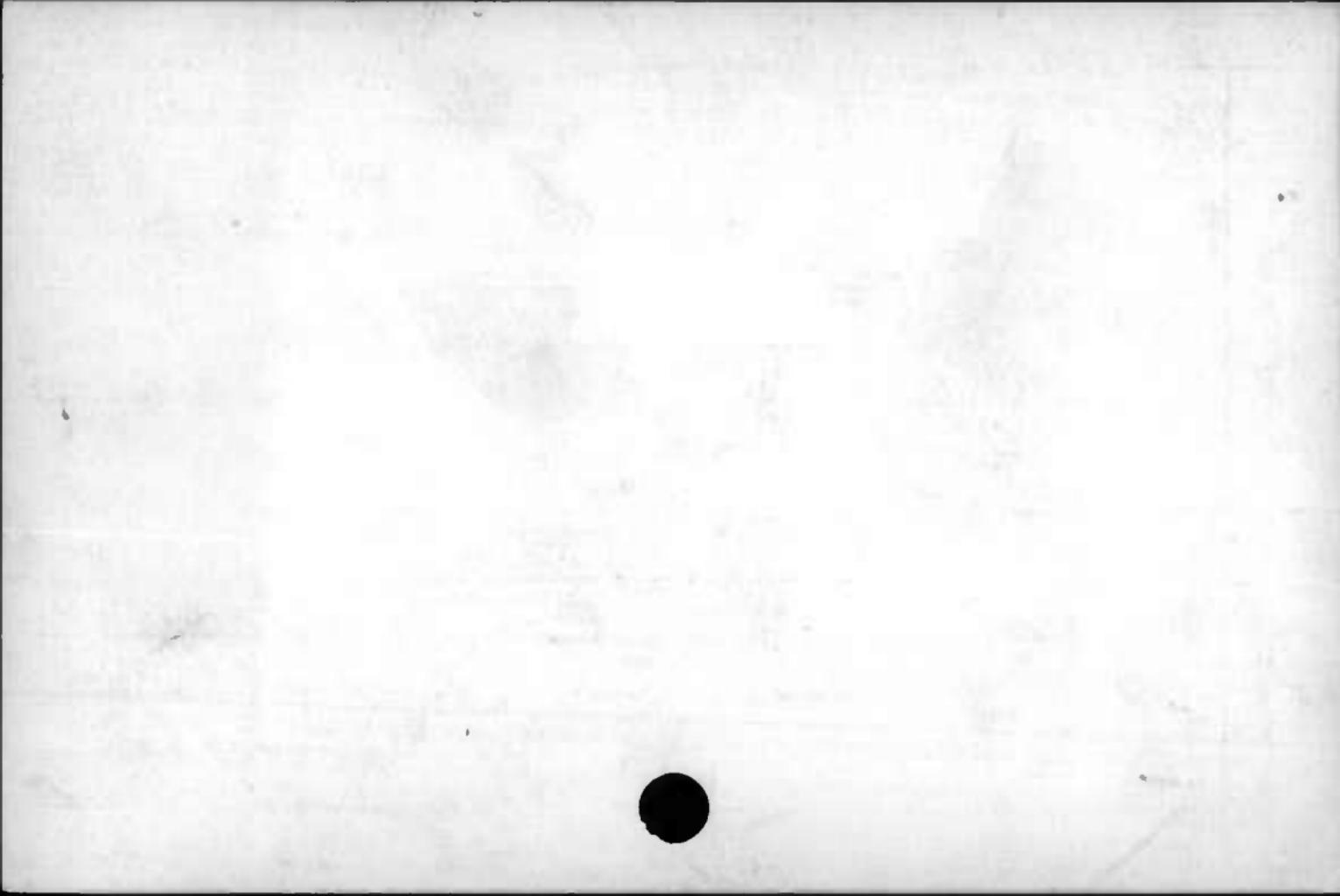
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

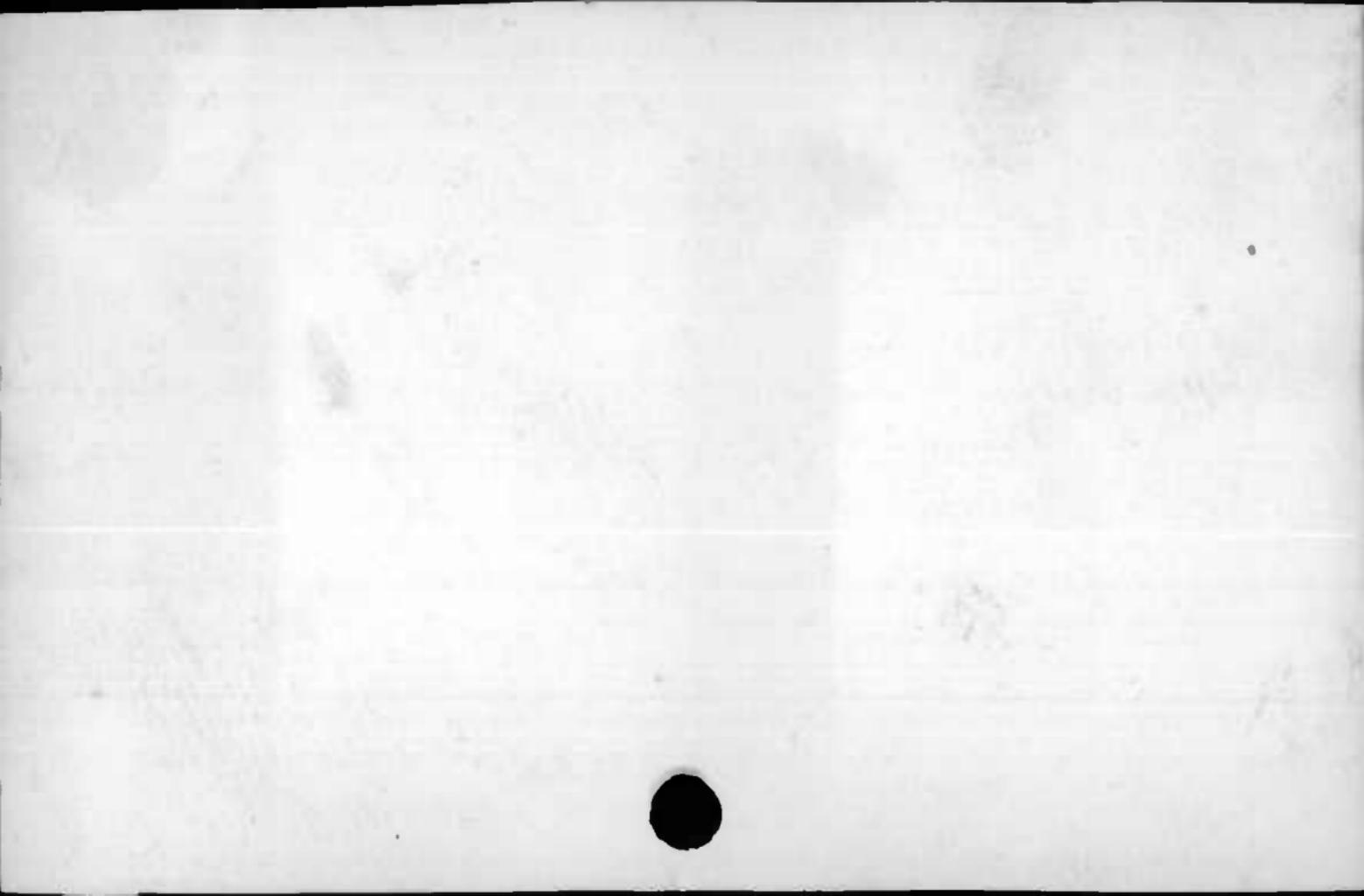
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Days
Sex	Color or Race	Age	70		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Wm. H. Landis			
Father's Name	Snyder				
Mother's Maiden Name	Pauline Fetter				
Name of person giving Information	Mrs. J. Ed. Beck				
CAUSES OF DEATH					
Primary	Arteriosclerosis (81)				
Immediate	Asthma				
Are the name, age, sex, color, date and place correctly given above?	yes.				
Address	J.R. Laughlin 146 W. Franklin & Hagerstown, Md.				

Accident or Suicide?



CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	58	
Occupation		Where Residing if not at place of death	Jillertown	
Married, Single or Widowed	Name of Wife or Husband	Lana Bent	and	
Father's Name	William Lafole		Frederick Co	
Mother's Maiden Name	Mary Purdy		"	
Name of person giving Information	Lana Lafole		wife	
CAUSES OF DEATH				
Primary	Phlegmonous Inflammation		18	How long
Immediate	Emphysema			2 weeks.
Are the name, age, sex, color, date and place correctly given above?			How long	48 hours.
			Signature of Physician	J. D. Bent Male,
			Address	Baltimore, Md.
Accident or Suicide?	No.			



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed child of Geo. & Minnie Martin

CERTIFICATE OF DEATH

Died at

Town

Clearfoos

County

Wash

MARYLAND

Date of death

Month

Day

Years

Months

Days

1907

28

Age

3

Sex

male

Color or Race

white

Birth-place

Mid.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

Geo. W. Martin

Father's Birthplace

Pennia

Mother's Maiden Name

Minnie Wingard

Mother's Birthplace

Pennia

Name of person giving information

Geo. W. Martin

How related to deceased

father

CAUSES OF DEATH

71

How long

Primary

Immediate

Infantile Convulsions

1 day

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

D.C.R. Miller

Address

Mason - Sia
Red.

Accident or Suicide?

No

Broadfoeing

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Still born child of John & Lettie Martin

CERTIFICATE OF DEATH

Died at Town County MARYLAND
Kagartown wash.

Date Month Day Years Months Days
of death 1907 7 29

Sex male Color or Birth-place Md.
Race white

Occupation Where Residing if not
at place of death

Married, Single Name of Wife or
or Widowed single Husband

Father's Name John Martin (S) Father's Birthplace
Name

Mother's Maiden Name Lettie Cost Mother's Birthplace
Name

Name of person giving information John Martin How related to deceased
father

CAUSES OF DEATH

Primary still Born (S) How long —

Immediate " " How long —

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of Physician

H.B. Morrison

Address

Kagartown

Md.

Accident or Suicide? No

Enter 7/30/07

Name
in
Full

Branson. Mathews

CERTIFICATE OF DEATH

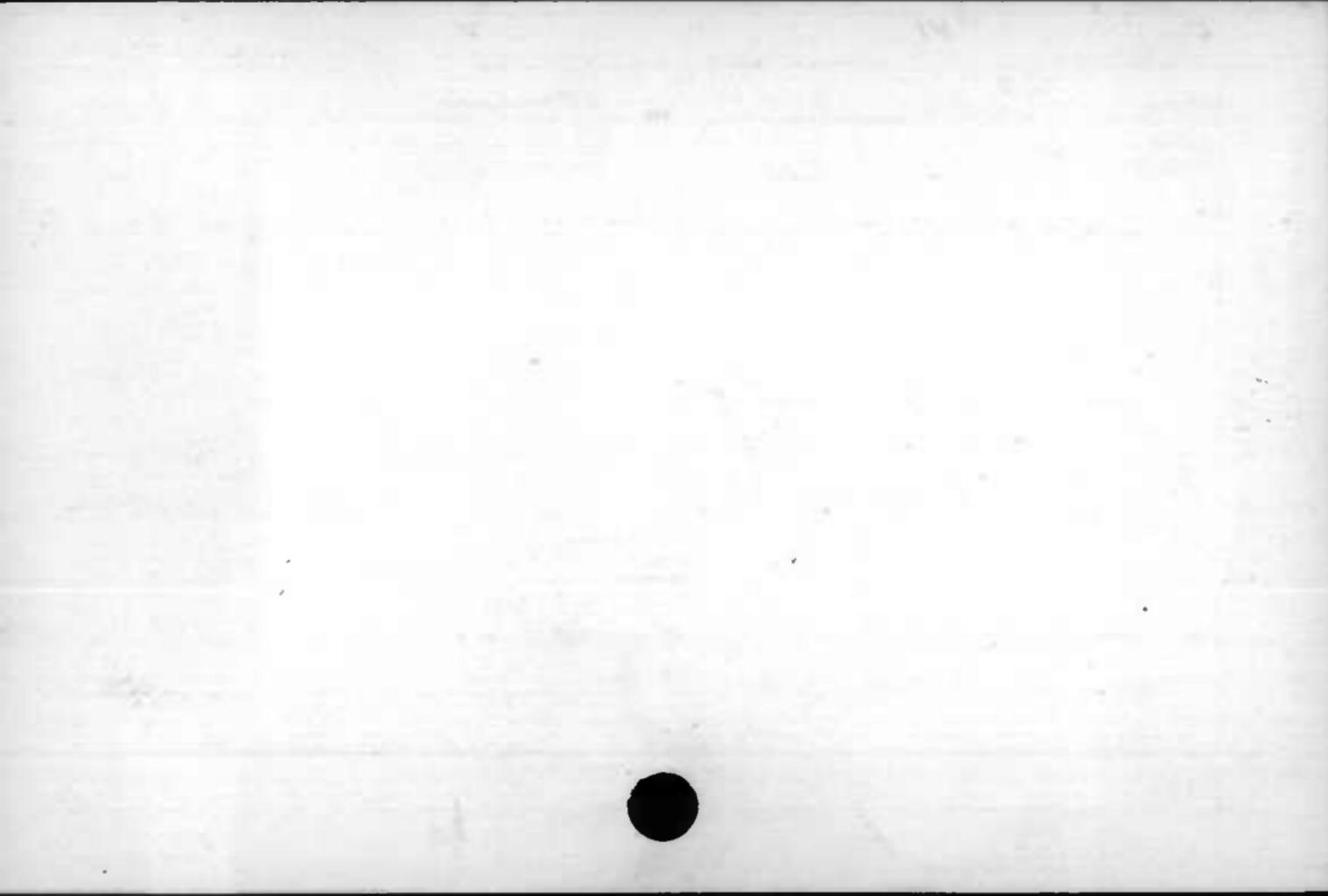
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Brownsville	Town	Washington	County	MARYLAND
Date of death	1907	Month	July	Day	Years
Sex	Male	Color or Race	Dark	Age	68
Occupation	Labover	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary. Redicker		
Father's Name	Benjamin Mathews		Father's Birthplace	Md	
Mother's Maiden Name	Sallie Jones		Mother's Birthplace	Md	
Name of person giving information	Sarah Hill		How related to deceased	Niece	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Iechuria	(179)	How long	6 months
Immediate	Convulsions		How long	18 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. T. Younce.	
		Address	Brownsville, Md'	
Accident or Suicide?				



Name
in
Full

Heller Martha Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Hagerstown		County	Washington	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	S. W. Kent Miller			Father's Birthplace	Md	
Mother's Maiden Name	Martha J. Heidinger			Mother's Birthplace	Md	
Name of person giving information				How related to deceased	Father	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Throbbing Cough

⑧

How long

6 months

Immediate

Conjunctivitis

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

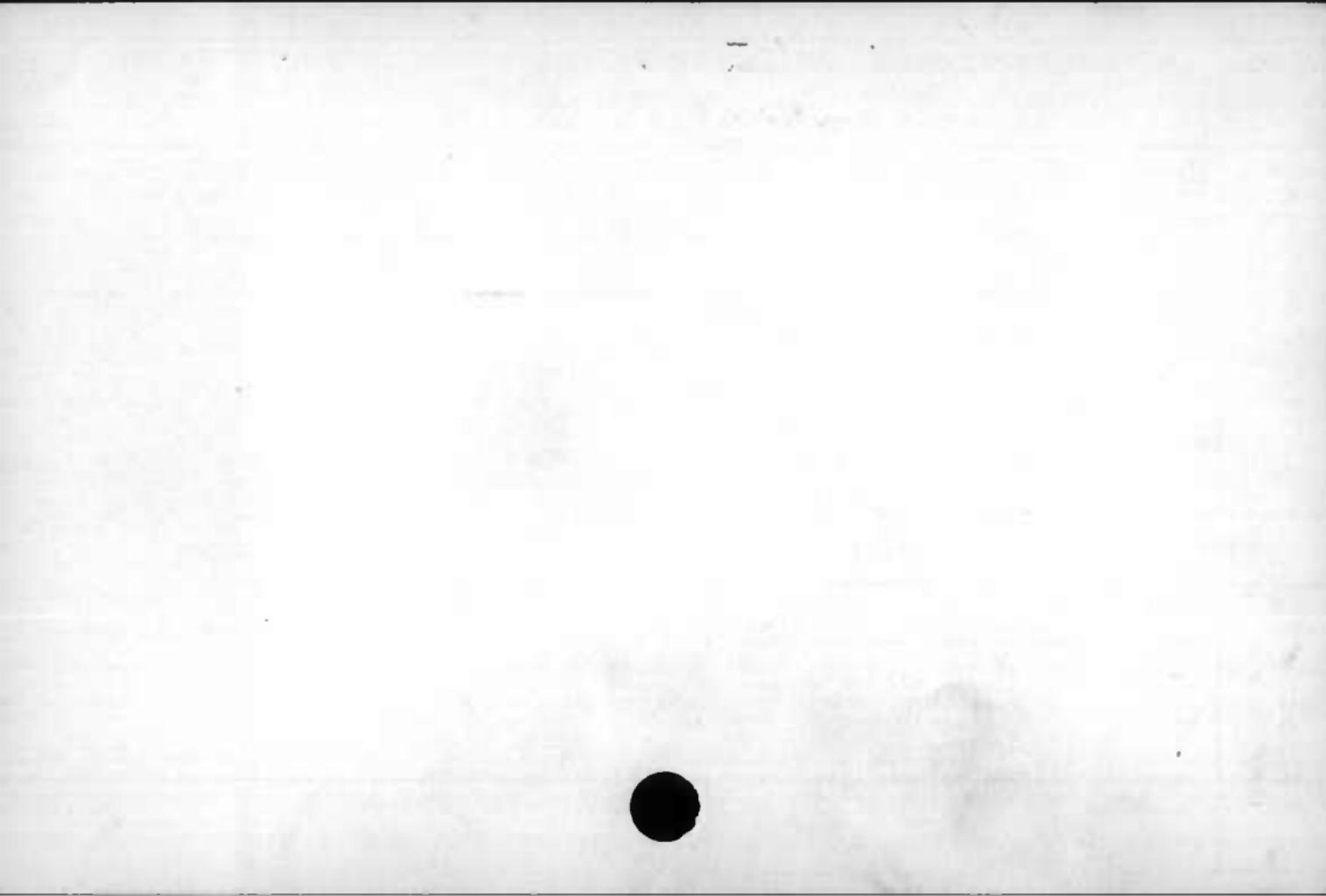
yes

Signature of Physician

Address

J. M. Wutte
Hagerstown

Accident or Suicide?



Name
in
Full

Janorous Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace X			
Mother's Maiden Name	Mother's Birthplace X			
Name of person giving information	How related to deceased Wife			

1907 7 28 60 4 6

Male White Smithburg

Labourer

Married Anna Viigen

Samuel Miller

Elizabeth Fitzmogle

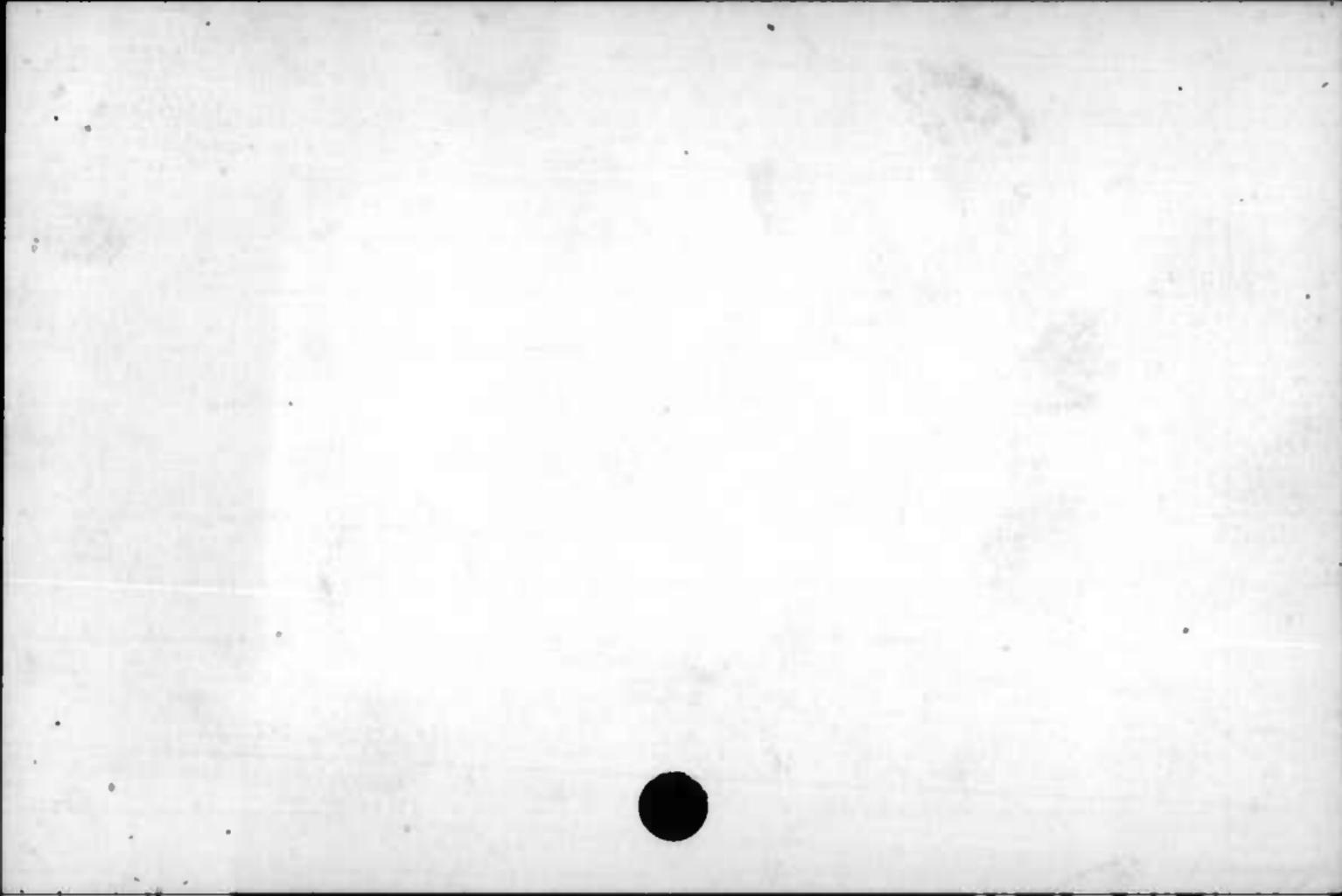
Anna Miller

CAUSES OF DEATH

79

Primary	Dropsy with Valvular heart trouble Prostration	Six months
Immediate		Sudden
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address
Accident or Suicide?	Dr Richardson Williamsport 7nd.	

PHYSICIAN
OR CORONER



Name
in
Full

Ella Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	which		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Mills					Father's Birthplace
Mother's Maiden Name	Mary Neff					Mother's Birthplace
Name of person giving Information	Annie Mills					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chrosis of Liver		(112)	How long
Immediate	Heart Failure & ascites			4 years
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Daniel L. Watkins
			Address	Hagerstown Ind
Accident or Suicide?		No.		

Chambersburg Pa.

Name
in
Full

Dolly Muller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	4 15
Occupation	Suckling	Where Residing if not at place of death	Emoebrown	
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Ray Muller	Father's Birthplace	Wash Co	
Mother's Maiden Name	Lela Coleman	Mother's Birthplace	"	
Name of person giving information	Ray Muller	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ideal - 105 How long

Immediate Cholera Diphtheria - 24 hrs How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S.S. Davis
Boonsboro
Md

Accident or Suicide?



Name
in
Full

Mary Henretta Myers

CERTIFICATE OF DEATH

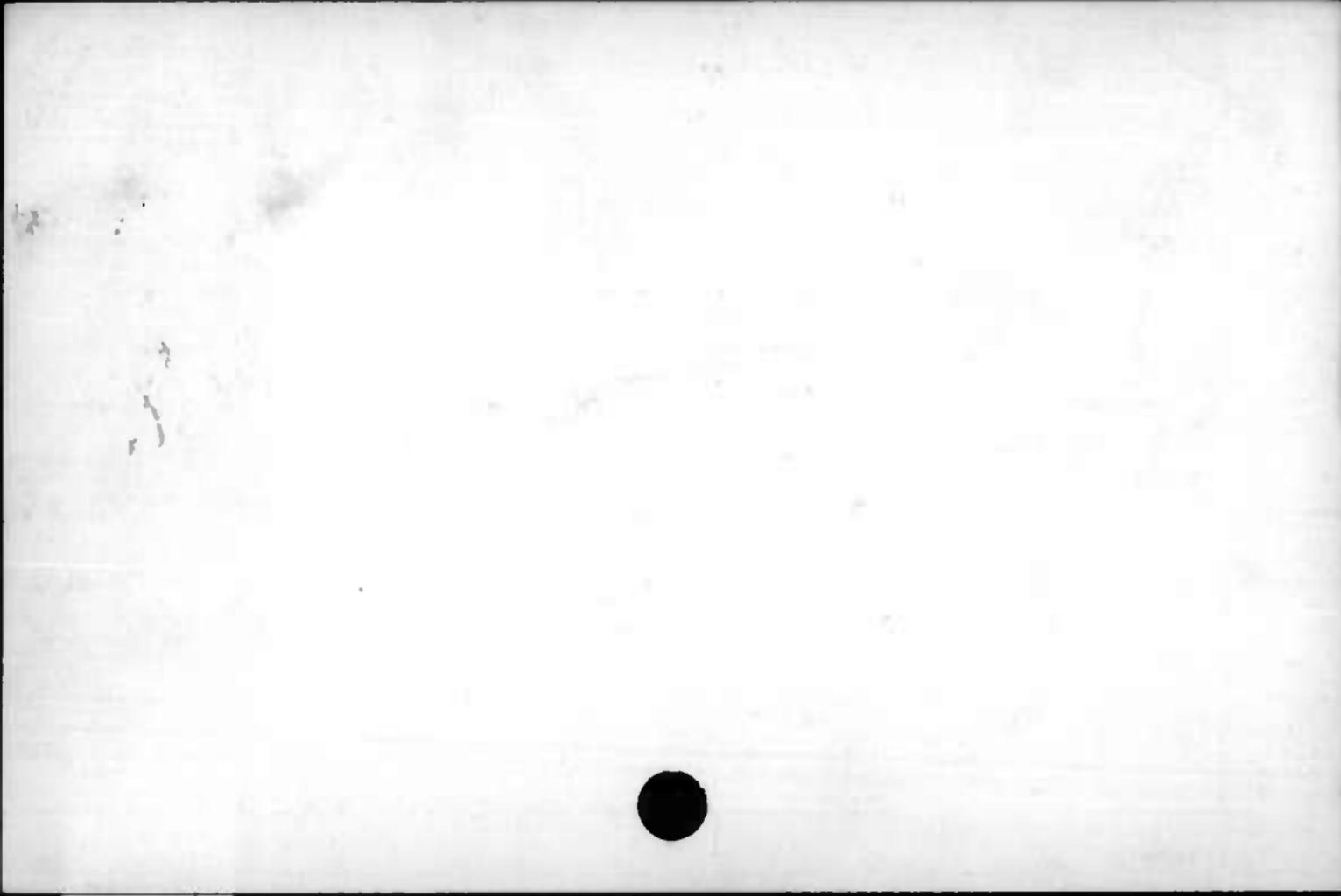
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Birth Place			
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Lewis A. Myers	Father's Name	Henry Clapper		
Father's Name	Lewis A. Myers			Father's Birthplace	Md		
Mother's Maiden Name	Elizabeth Greaser			Mother's Birthplace	Pd		
Name of person giving Information	Lewis Myers		How related to deceased	Husband			

CAUSES OF DEATH

Primary	Cerebral Hemorrhage		How long
Immediate	(64)		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide?	J. H. Wishard Leitersburg Md		

PHYSICIAN
OR CORONER



Name
in
Full

Mary E. Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John W. Myers			
Father's Name	Hezekiah Knobbe		Father's Birthplace	Md.	
Mother's Maiden Name	Miss Hines		Mother's Birthplace	Md.	
Name of person giving Information	Mrs. Mrs. Morgan		How related to deceased	Daughter	

CAUSES OF DEATH

(43)

How long

For several years

How long

—

Primary

Cancer of entire left breast

Immediate

Cancer

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. A. Gardner

Sharpsburg Md.

Accident or Suicide?

Chas. S. Wade
Moderator

Name
in
Full

Mrs. Mollie S. Nigh

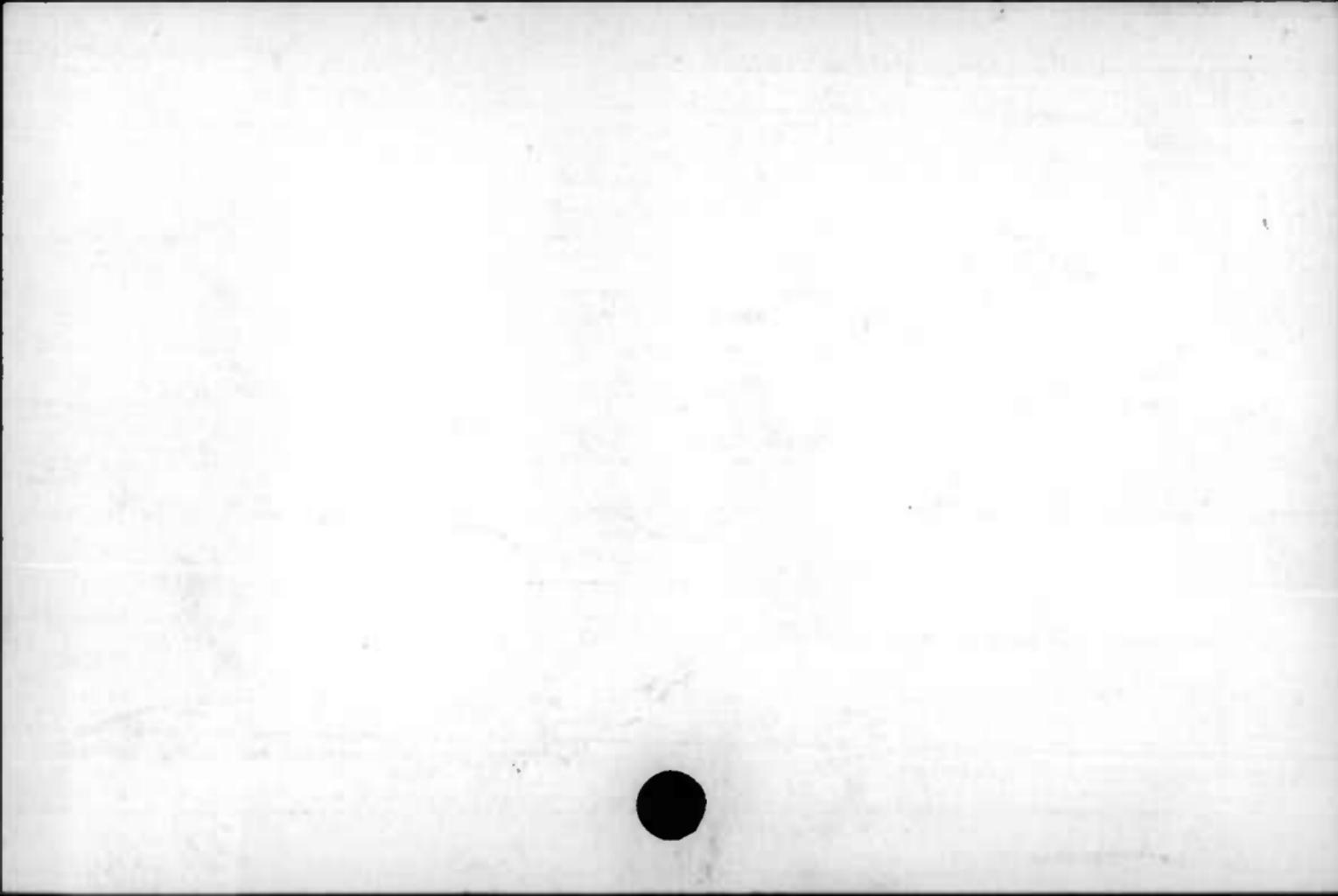
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Raco	Age	Birth-place		
Occupation	Where Residing If not at place of death			MD.	
Married, Single or Widowed	Name of Husband	Charles B. Nigh			MD.
Father's Name	John Bushbaugh			Father's Birthplace	MD.
Mother's Maiden Name	Fanny McIntyre			Mother's Birthplace	"
Name of person giving Information	Chas. B. Nigh			How related to deceased	Husband.
CAUSES OF DEATH					
Primary	Toxaemia of Pregnancy			138	
immediate	Edema of lungs.			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	How long	
Yes.			Mary A. Laughlin		
			Address		
			Hagerstown.		

Accident - Disease?



Name
in
Full

John Nichols

Town

Brownsville

Washington
County

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date
of death

Month

Day

Years

Months

Days

1907

7

4

86

5

Sex

Male

Color or
Race

White

Birth-
place

Samples Manor

Occupation

Farmer

Where Residing if not
at place of death

Brownsville

Married, Single
or Widowed

Name of Wife or
Husband

Mary R Nichols

Father's
Name

Henry Nichols

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary Horner

Mother's
Birthplace

Md

Name of person giving
Information

Ella Nichols

How related
to deceased

Daughter

CAUSES OF DEATH

177

Primary

Sepsis

How long

2 years

Immediate

A suddenly

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

John Nichols,
Brownsville,
Md.

PHYSICIAN
OR CORONER

Accident - Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elizabeth Florence Oswald					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	July	12	Age 59	4	20	
Sex	Color or Race		Birth place			
Female	White		Cavetown			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Daniel E. Oswald			
Father's Name	Edward Ingram					
Mother's Maiden Name	Martha Ann Huyett					
Name of person giving Information	E. Ingram Oswald					

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary

Diffuse Sclerotic Encephalitis

How long

One year

Immediate

Asthma

How long

One week.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

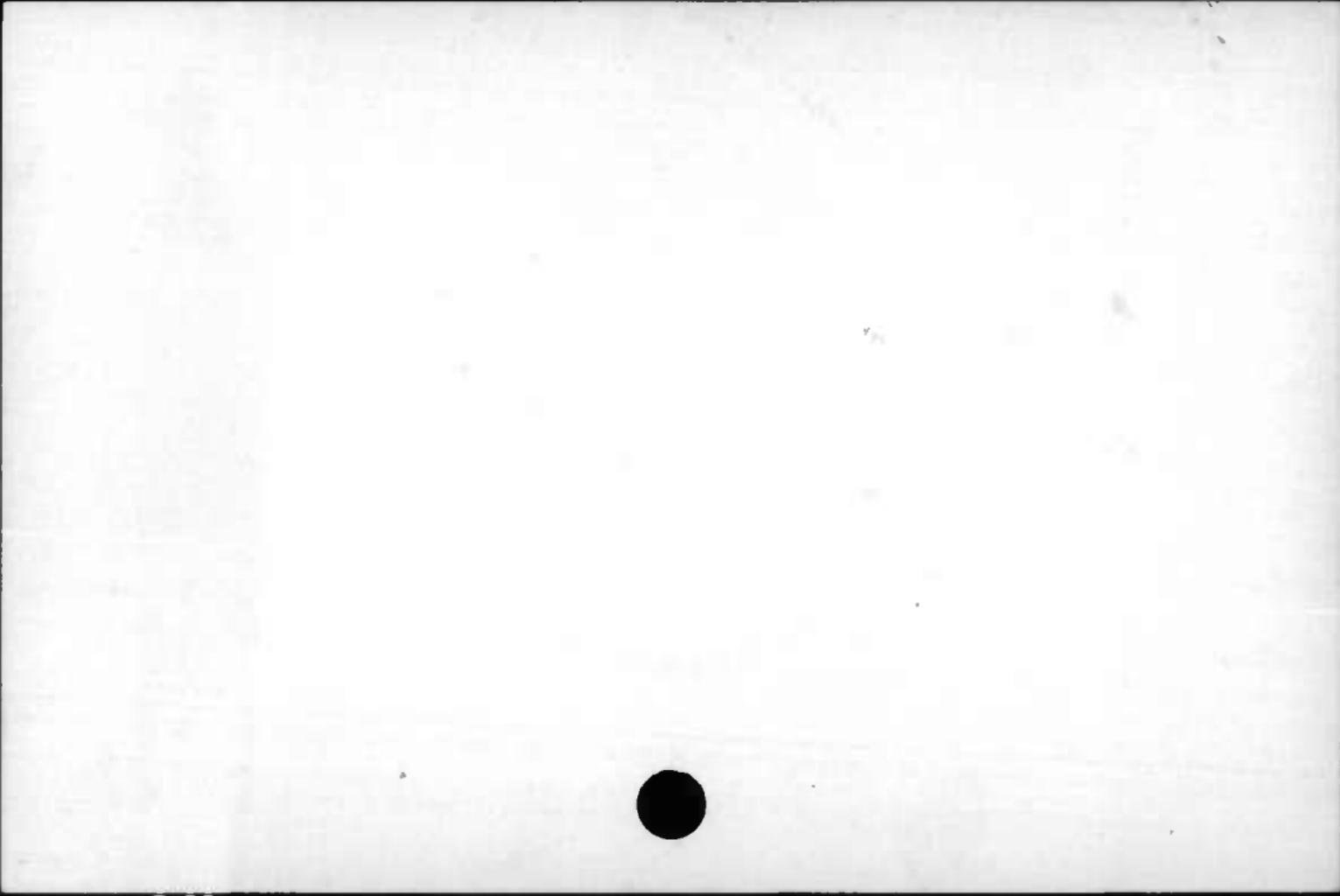
Wm. A. Quinn M.D.

Address

Chewsville

Ind.

Accident or Suicide?



Name
in
Full

Martha J. Palmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Shadysburg	Town	Washington	County	MARYLAND	
Date of death	1907	Month July	Day 15 th	Years 44	Months 4	Days 51
Sex	Female	Color or Race	White	Where Residing if not at place of death	Dear Smithsburg	
Occupation	<u>Housewife.</u>					
Married, Single or Widowed	Married	Name of Husband	Fenton L. Palmer			
Father's Name	<u>John T. Smith</u>					
Mother's Maiden Name	<u>Maria Magan</u>					
Name of person giving information	<u>Fenton L. Palmer</u>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Heart Disease with Dropsey

How long

several years

Immediate

Heart Failure

How long

very sudden

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

O. O. Garrison

Address

Shadysburg - Md.

Accident or Suicide?

Chas. S. Wade
undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Name of Son			Father's Birthplace	Don't know
Father's Name	Name of Daughter			Mother's Birthplace		
Mother's Maiden Name	Name of Grandson			How related to deceased		
Name of person giving information	Name of Granddaughter			Son		

CAUSES OF DEATH

166

PHYSICIAN OR CORONER	Primary	Fall from Street Chair	
	Immediate	Concussion of Brain	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F.H. Charles
		Address	30 E. Antietam St Hagerstown Md.
Accident or Suicide?		Accident	

30 ♂ atam

Name
in
Full

Leslie B. Rood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 7	Day 16	Years	Months	Days	
Sex	Male	Color or Race	Age	Unknown			
Occupation	U.S. Soldier						
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death				
Father's Name	John Rood						
Mother's Maiden Name	Unknown						
Name of person giving Information	Albertus Spencer						

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Immediate

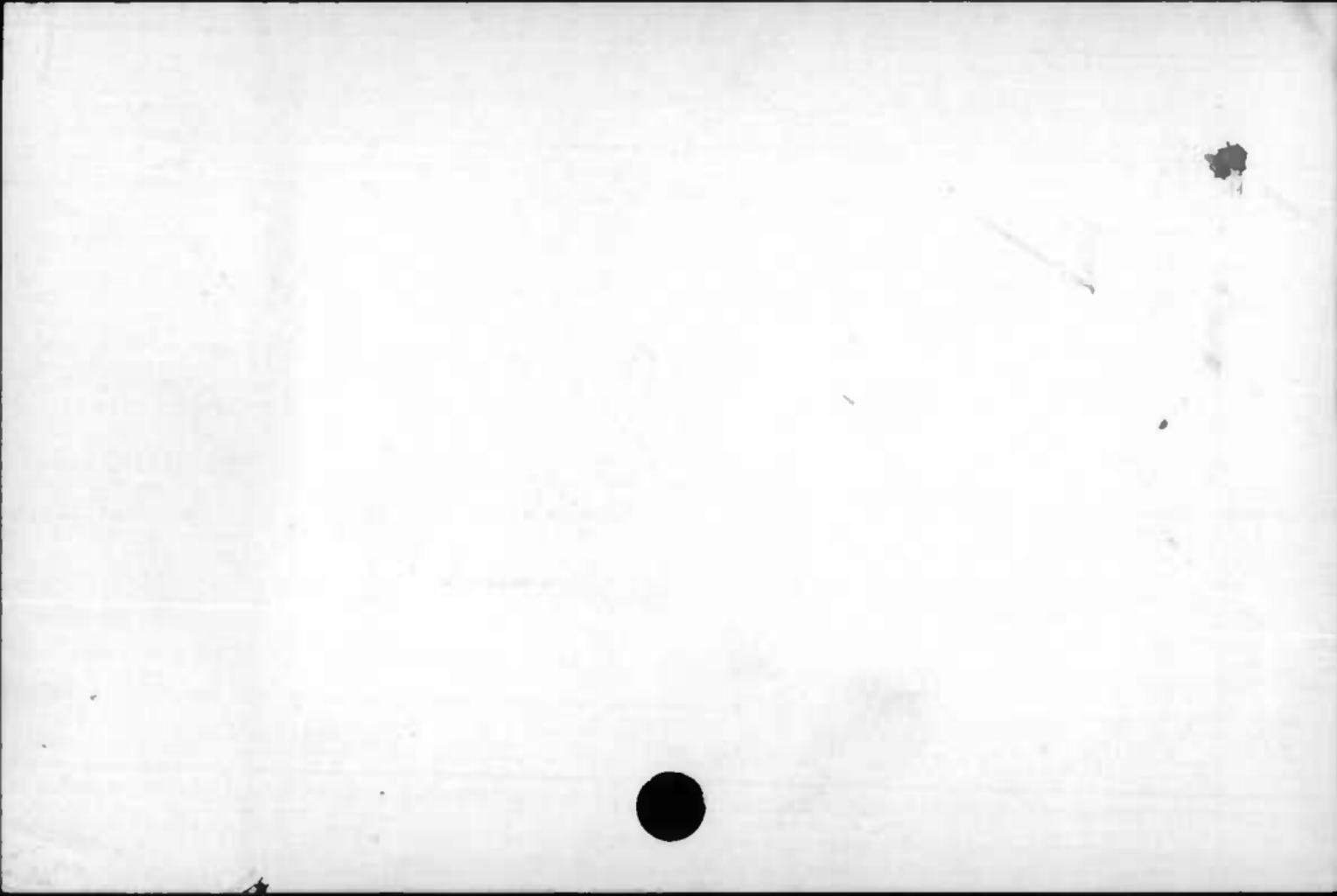
Drowning

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Off m. Clark act. b.
of Creek Loyal Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Age	Years	Months	Days
Sex		Color or Race			Birthplace		
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name							Father's Birthplace
Mother's Maiden Name							Mother's Birthplace
Name of person giving Information							How related to deceased

CAUSES OF DEATH

(151)

Primary

Pneumonia

How long

~

Immediate

Inflammation

How long

~

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. D. Campbell
418 N. Washington
Hagerstown Md.PHYSICIAN
OR CORONER

Accident or Suicide?

B. in Ystn. Pa

Name
in
Full

Gertrude Rigidill

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month	Day	Years	Months	Days
Sex Female	Color or Race	Age 18	Birth-place Frankstown		1
Occupation	Where Residing if not at place of death Frankstown				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Shadrach Rigidill				
Mother's Maiden Name	Clara Mays.				
Name of person giving information	Shadrach Rigidill				

CAUSES OF DEATH

19

Primary	Mitral disease of heart	How long 5 hours
Immediate	"	How long 5 hours

Are the name, age, sex, color, date and place correctly given above?

70

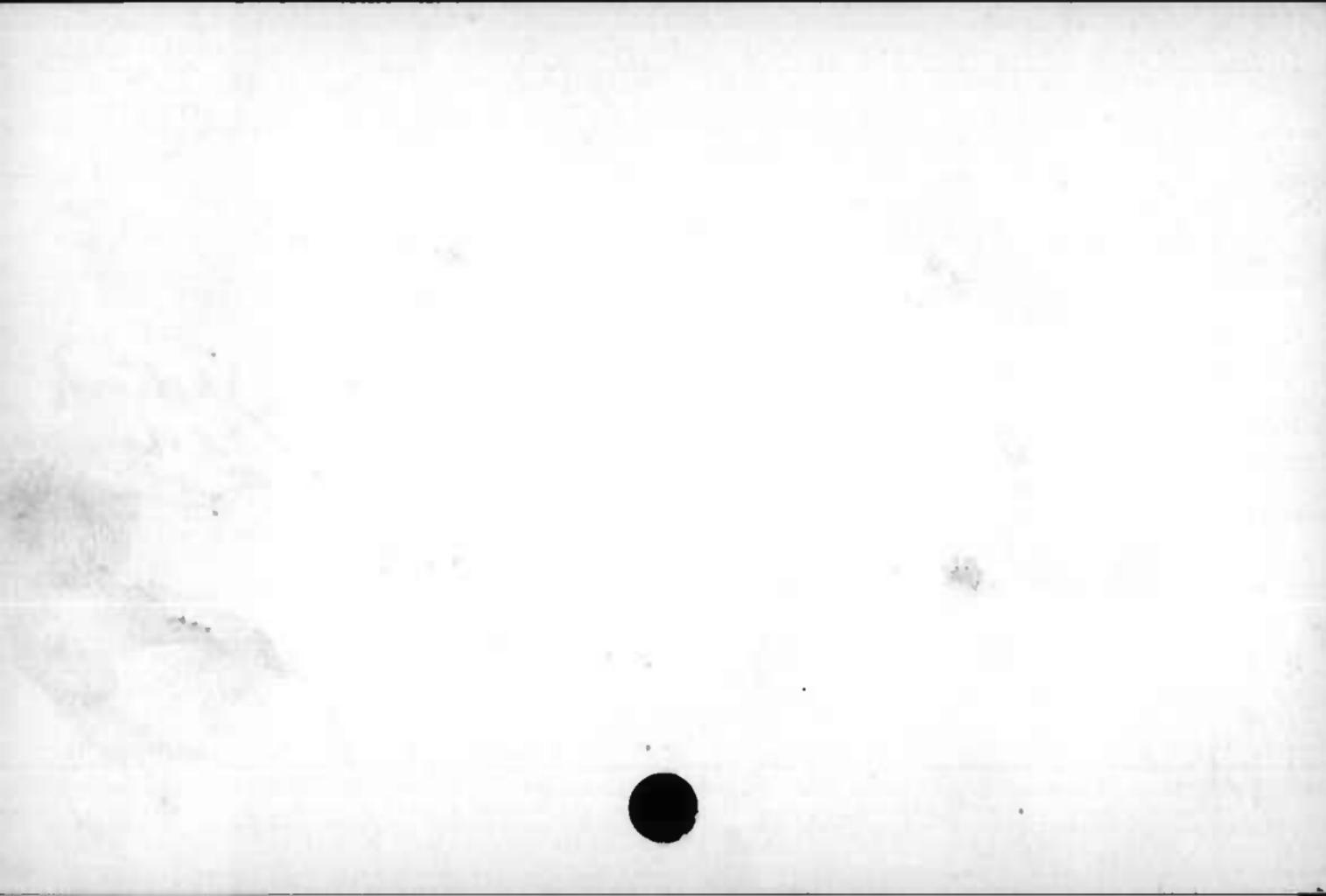
Signature of Physician

Address

C. J. Maynard
Frankstown
Ind

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethesda, Maryland</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>10</i>	Years <i>55</i>	Months <i>8</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Bethesda, Maryland</i>			
Occupation <i>N.W.</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>L. Abigail Shuey</i>	Father's Birthplace <i>Md.</i>			
Father's Name <i>Daniel White</i>	Mother's Birthplace				
Mother's Maiden Name <i>Margaret L. Burchard</i>					
Name of person giving Information <i>J.W. Shuey</i>	How related to deceased				

CAUSES OF DEATH

85

How long
—

How long

PHYSICIAN
OR CORONERPrimary
*Unknown to us*Immediate
Hemorrhage from mouth

How long

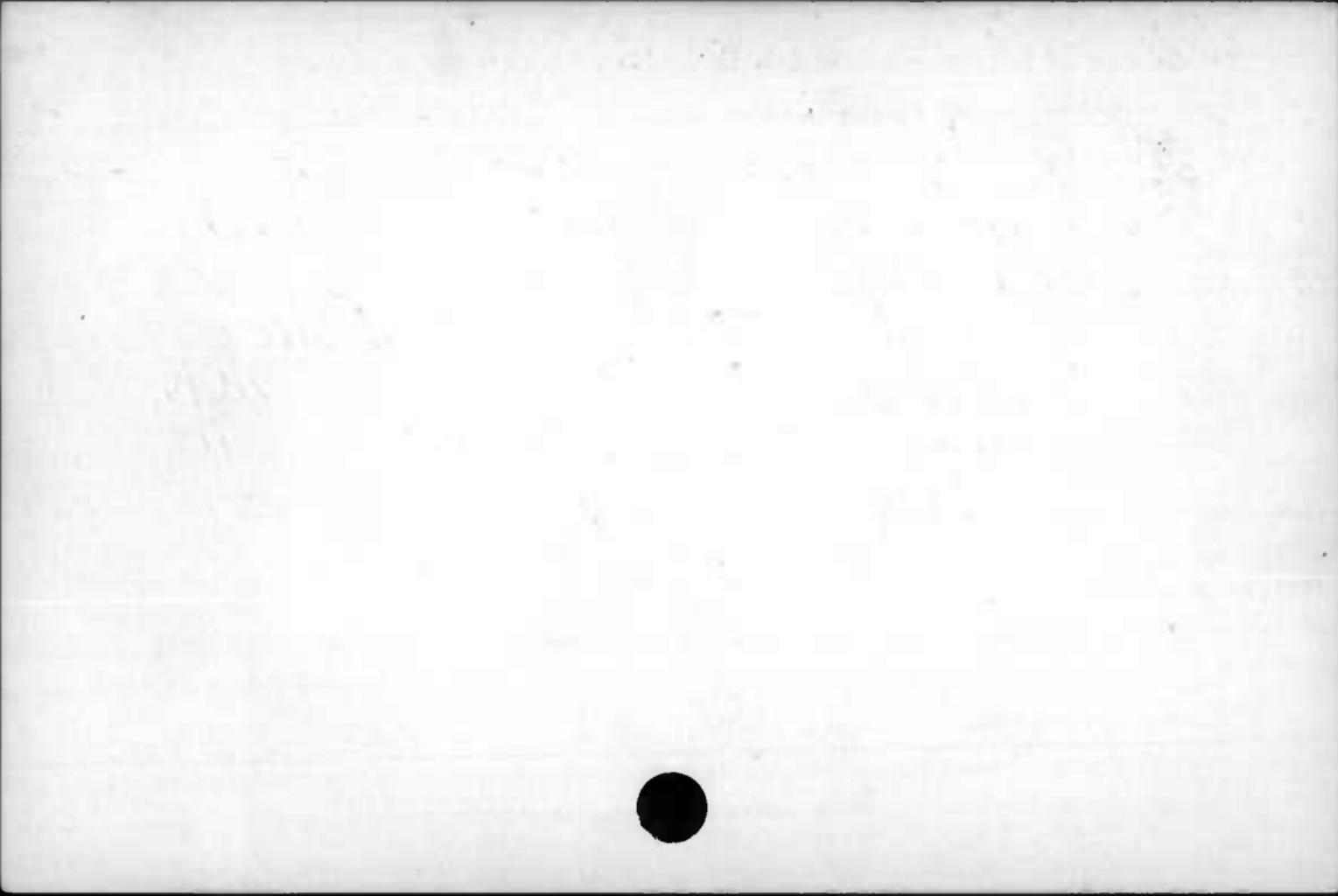
Are the name, age, sex, color, date
and place correctly given above?

YES

Signature of
Physician

Address

Accident or Suicide?
No



Name
in
Full

Georgiana Fannie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	56	6	6
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	David O Smith			
Father's Name	Martin Earley	Father's Birthplace			
Mother's Maiden Name	Estherine Snively	Mother's Birthplace			
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary

Gall Stones

113

How long

10 years.

Penitritis -

Immediate Shock Rupture of Gall Bladder

How long

6 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

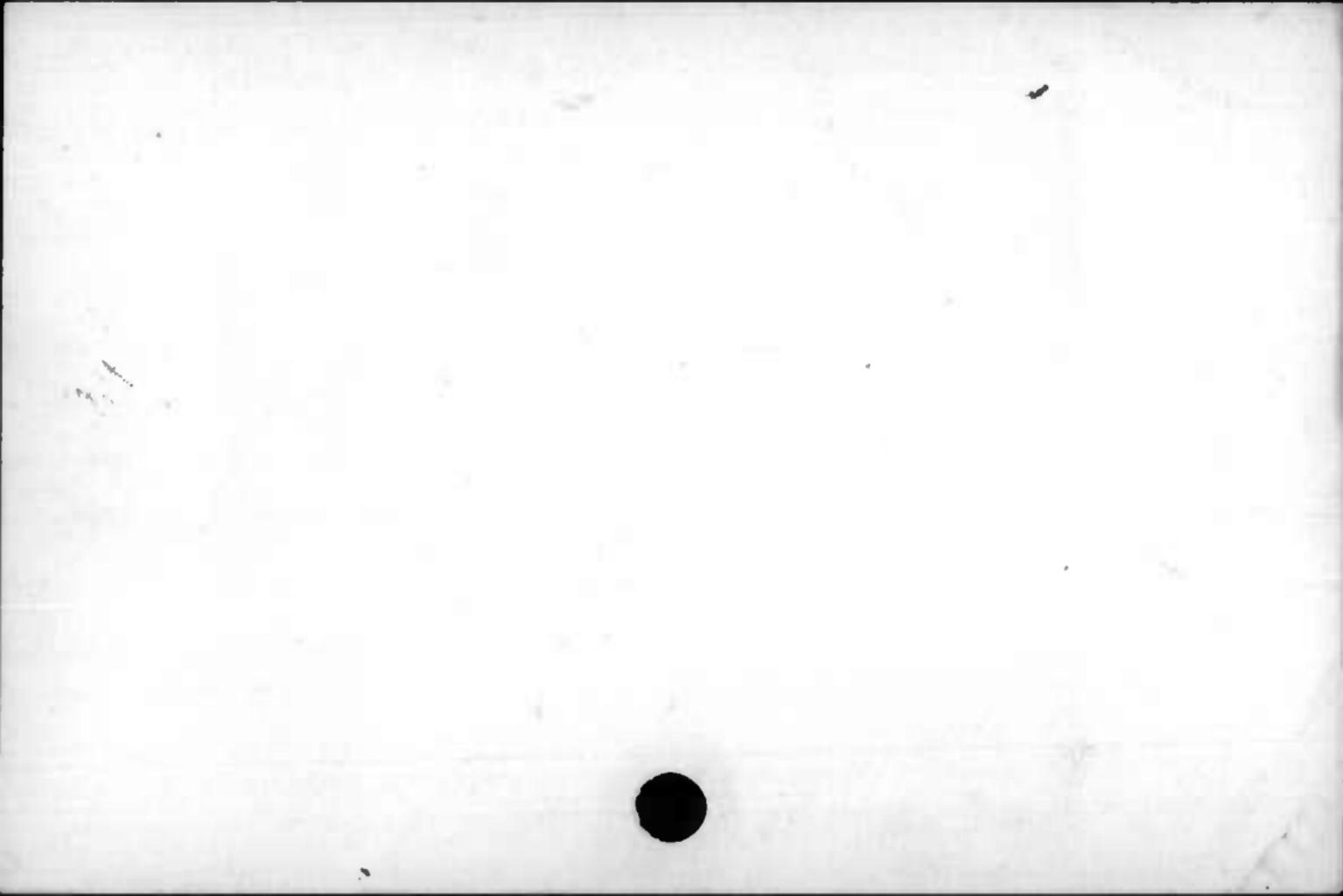
Address

Victor D. Miller, Jr.

Hagerstown, Md

Accident or Suicide?

no



Name
in
Full

Maid E. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month July	Day 18	Years 1	Months 9	Days
Sex Female	Color or Race whr	Birth-place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace Maryland			
Father's Name Clayton Smith	Mother's Birthplace Maryland				
Mother's Maiden Name Annie Smith					
Name of person giving information Clayton Smith	How related Father				

CAUSES OF DEATH

105

Primary

Gastro-Eenteritis.

How long

10 days.

Immediate

Exhaustion.

How long

48 hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

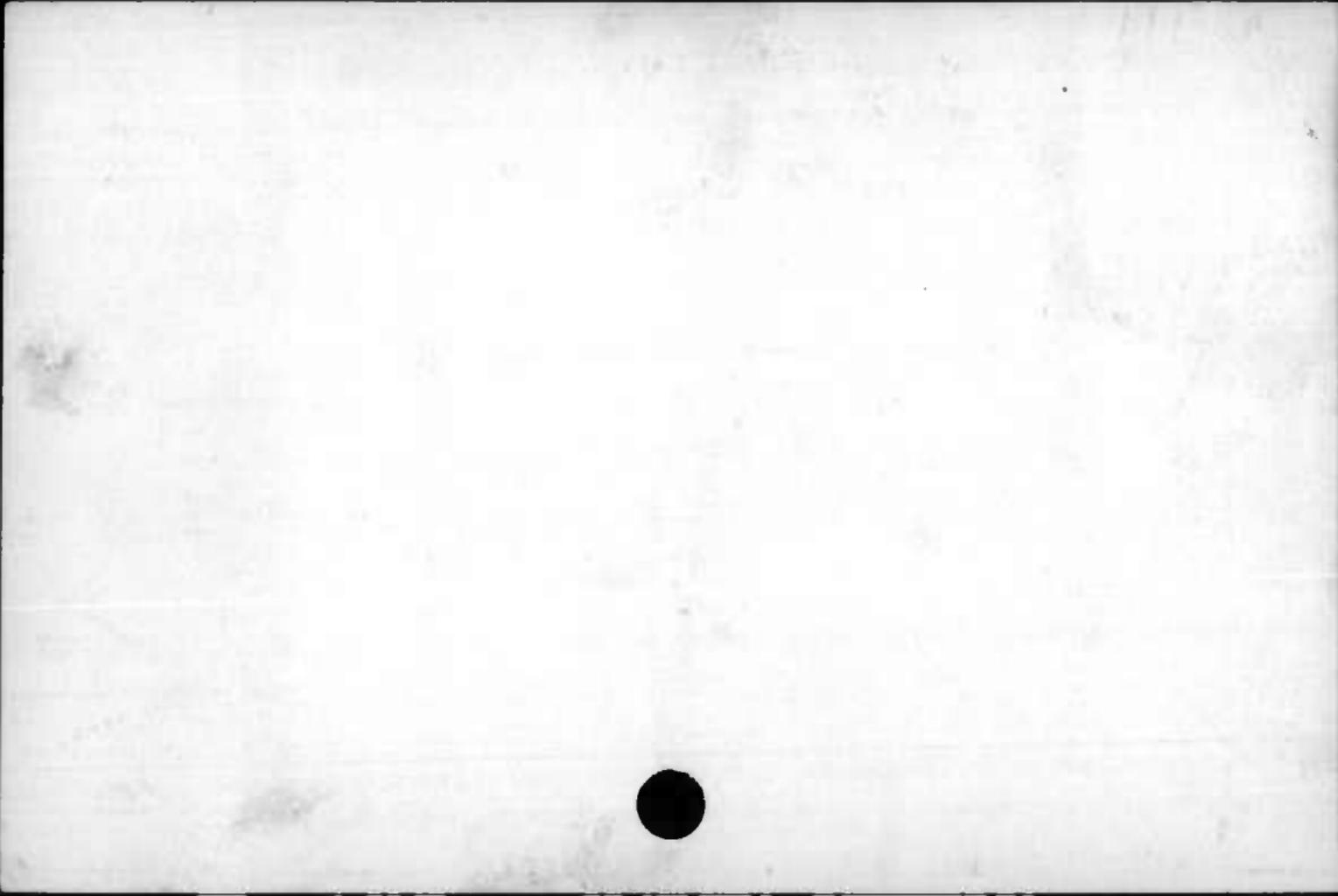
Address

J. Hulsey, M.D., M.S.
Boonsboro.

Accident or Suicide?

No.

nd.



Name
in
Full

Gene Stephens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place	Williamport	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace		
Mother's Maiden Name	Grace Haubleton		William A. Stephens	New York		
Name of person giving Information	Father		Mother's Birthplace	Balavia, N.Y.		
How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stilbane

(S)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

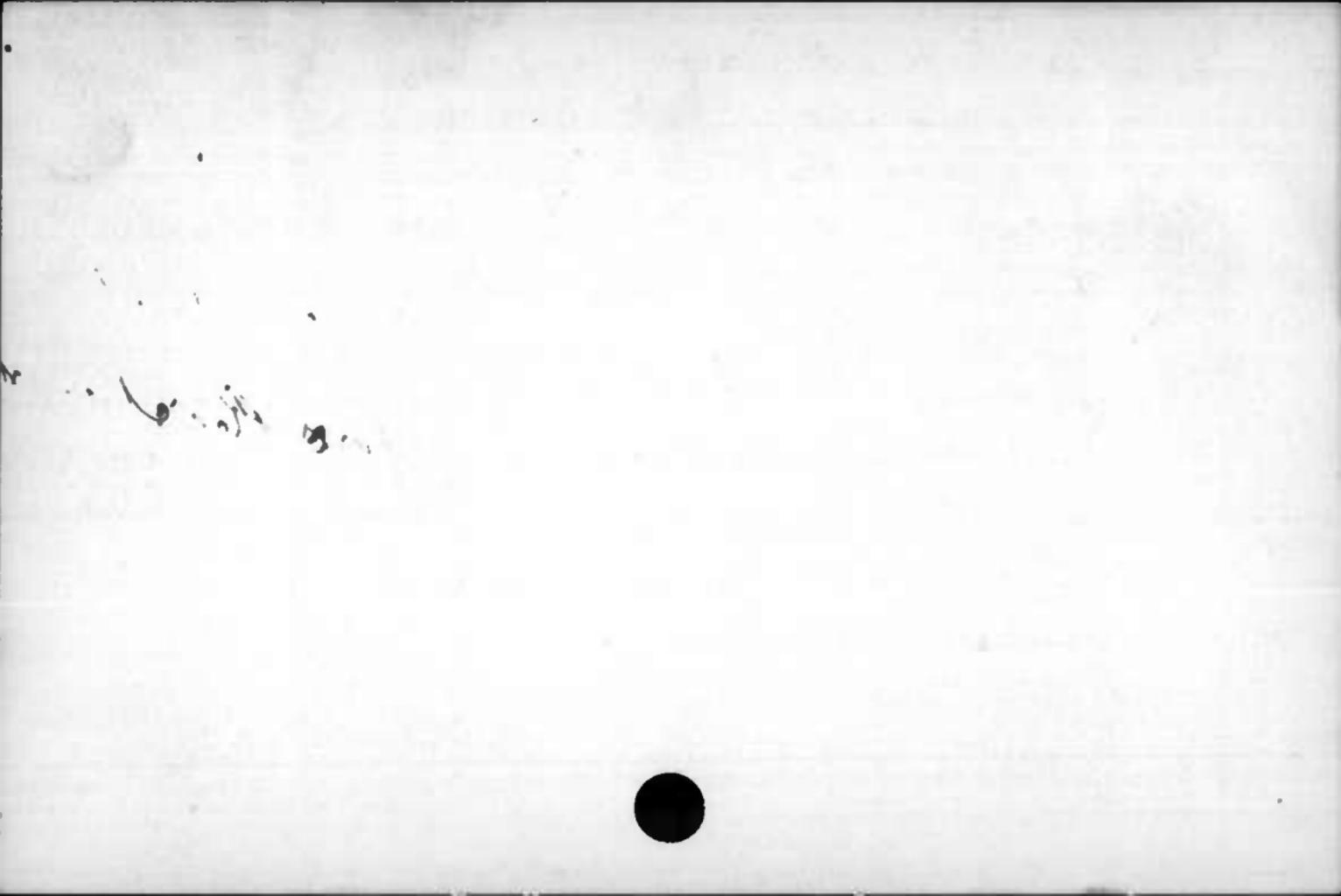
yes.

Signature of
Physician

Address

Ed Richardson
Williamsport Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel Strite.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife Husband	Esther Ann Ward Strite				
Father's Name	John Strite					Father's Birthplace Peuma
Mother's Maiden Name	Elizabeth Summers					Mother's Birthplace "
Name of person giving Information	a.c. Strite.					How related to deceased son.

CAUSES OF DEATH

79

How long

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

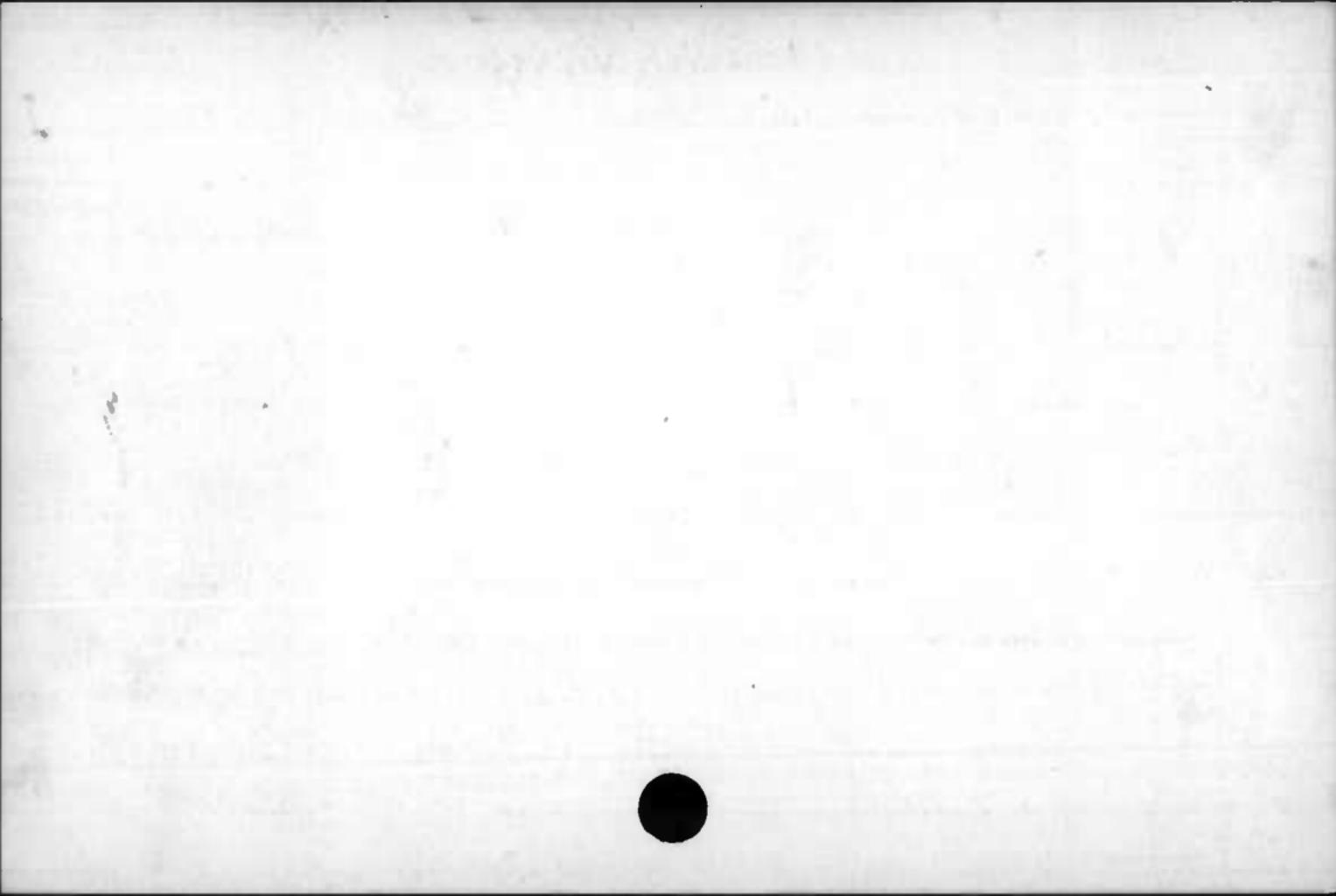
Address

How long

Several years

H. G. Scott
Hagerstown

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Lucy Trumair.

CERTIFICATE OF DEATH

Died at		Town	County			
Date of death		Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Age	34	
Occupation	Housewife.		Where Residing if not at place of death	Clearspring		
Married, Single or Widowed	Name of Wife or Husband		Peter L. Trumair.	Father's Birthplace	Unknown	
Father's Name	Abraham		Mother's Birthplace	Unknown		Unknown
Mother's Maiden Name	Unknown		How related to deceased	Husband		
Name of person giving information	Peter L. Trumair.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Confinement

IHO

How long

One month

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date and place correctly given above?

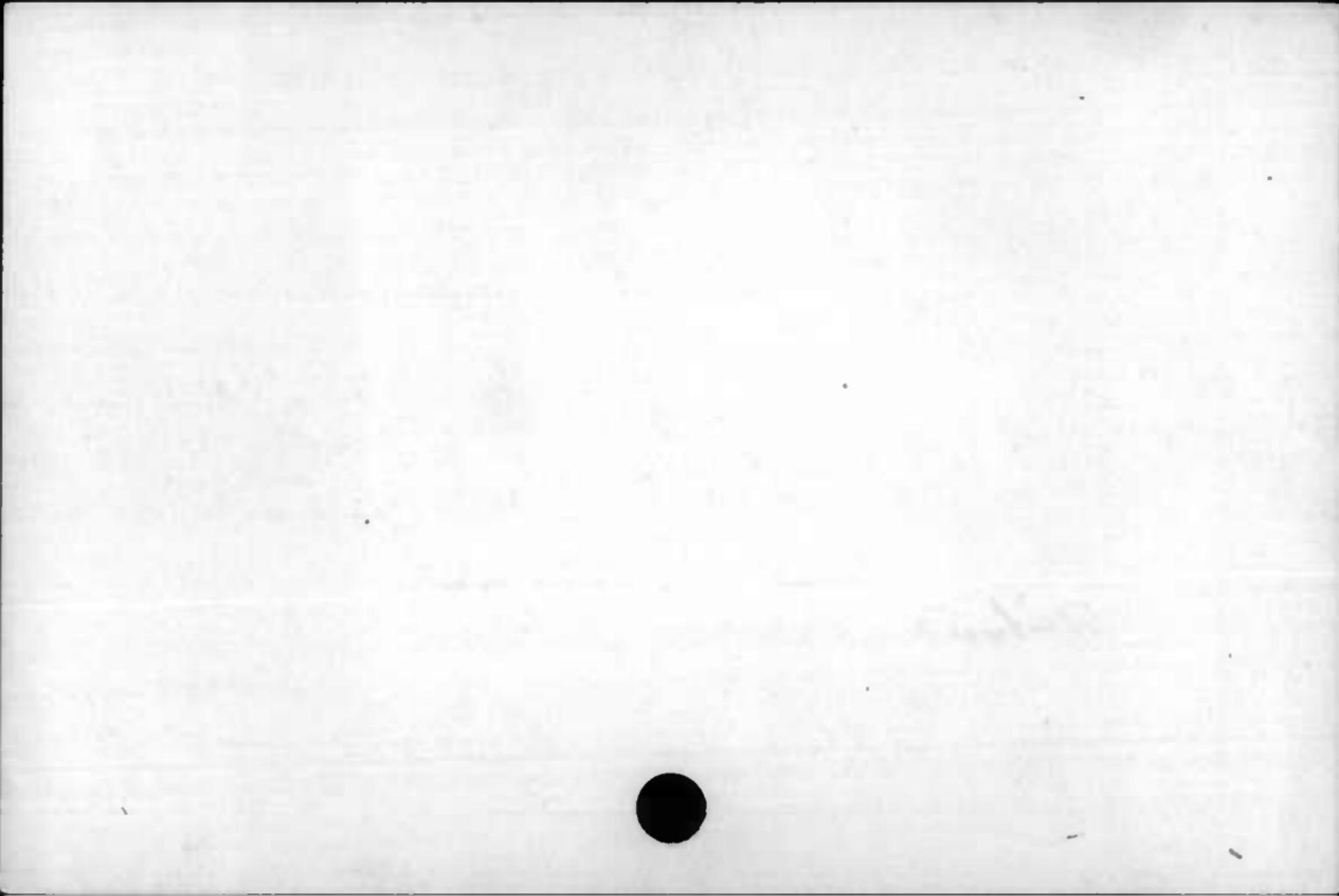
Yes

Signature of Physician

Address

Abraham Shank
Clearspring
Washington Co. Md.

Accident or Suicide



Name
in
Full

Clara Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1907	July	14	Age 21 6 8
Sex	Female	Color or Race	Black
Occupation	House Maid	Where Residing if not at place of death	Beaver Creek
Married, Single or Widowed	Single	Name of Wife or Husband	Fredrick
Father's Name	Geo. Walker	Father's Birthplace	Fredrick
Mother's Maiden Name	Martha a. Tandy	Mother's Birthplace	Fredrick
Name of person giving information	George Walker	How related to deceased	Father's

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pneumonia

How long 2 weeks

Immediate Acute Phthisis

How long 8 "

Are the name, age, sex, color, date and place correctly given above?

Yes

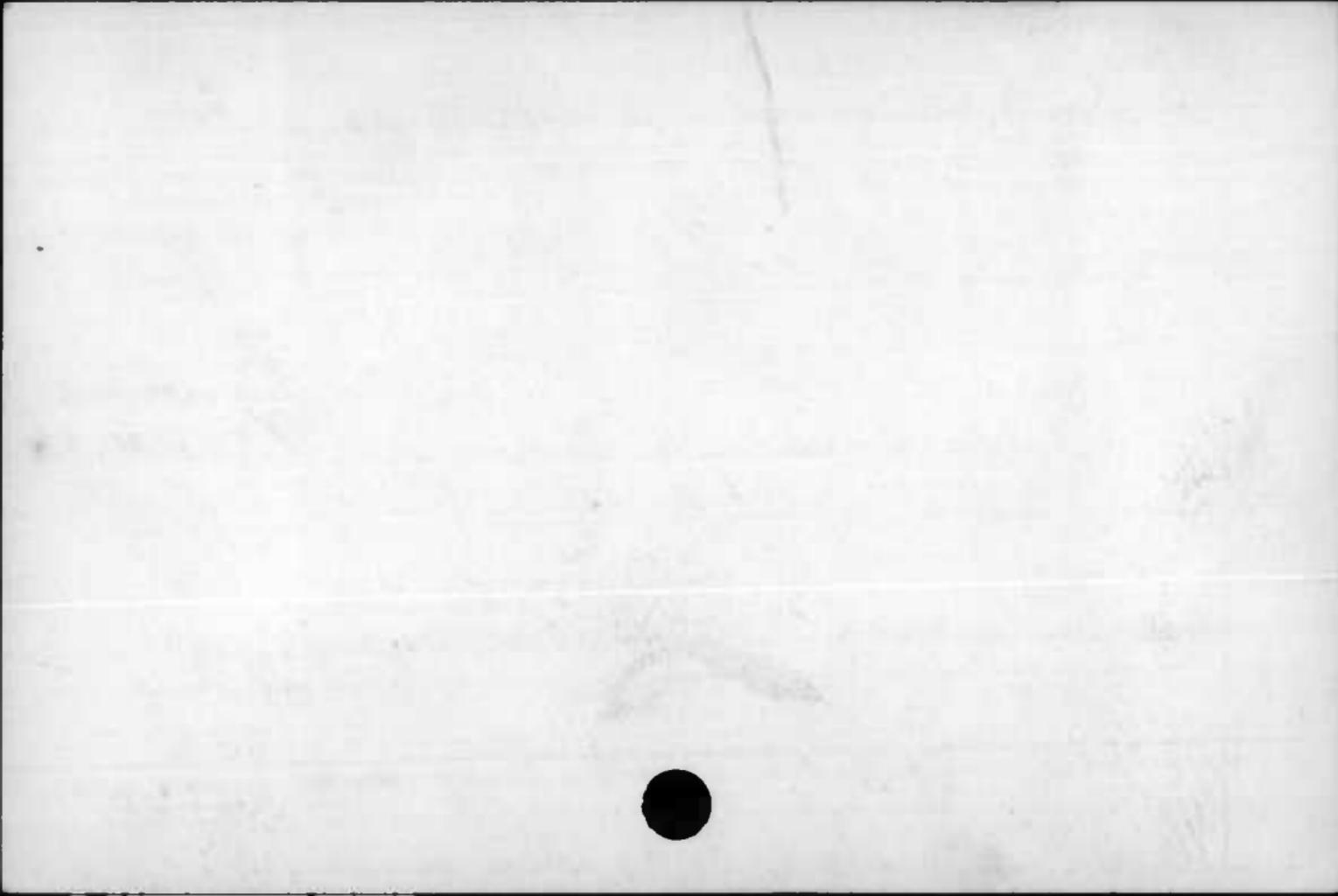
Signature of Physician

Address

Dr. S. Davis
Baltimore

Md

Accident or Suicide?



Name
in
Full

Martin L Waltz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	65	8 16
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Marguerite	Dayhoff	11
Father's Name	John Waltz		Father's Birthplace	Gardiner
Mother's Maiden Name	Annie Catherine Winters		Mother's Birthplace	Smithsberry
Name of person giving Information	Annie Waltz Daughter		How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Long standing Heart disease + emphysema

79

How long

3 years

Immediate

Angina Pneum. (Facial)

Sudden

Are the name, age, sex, color, date and place correctly given above?

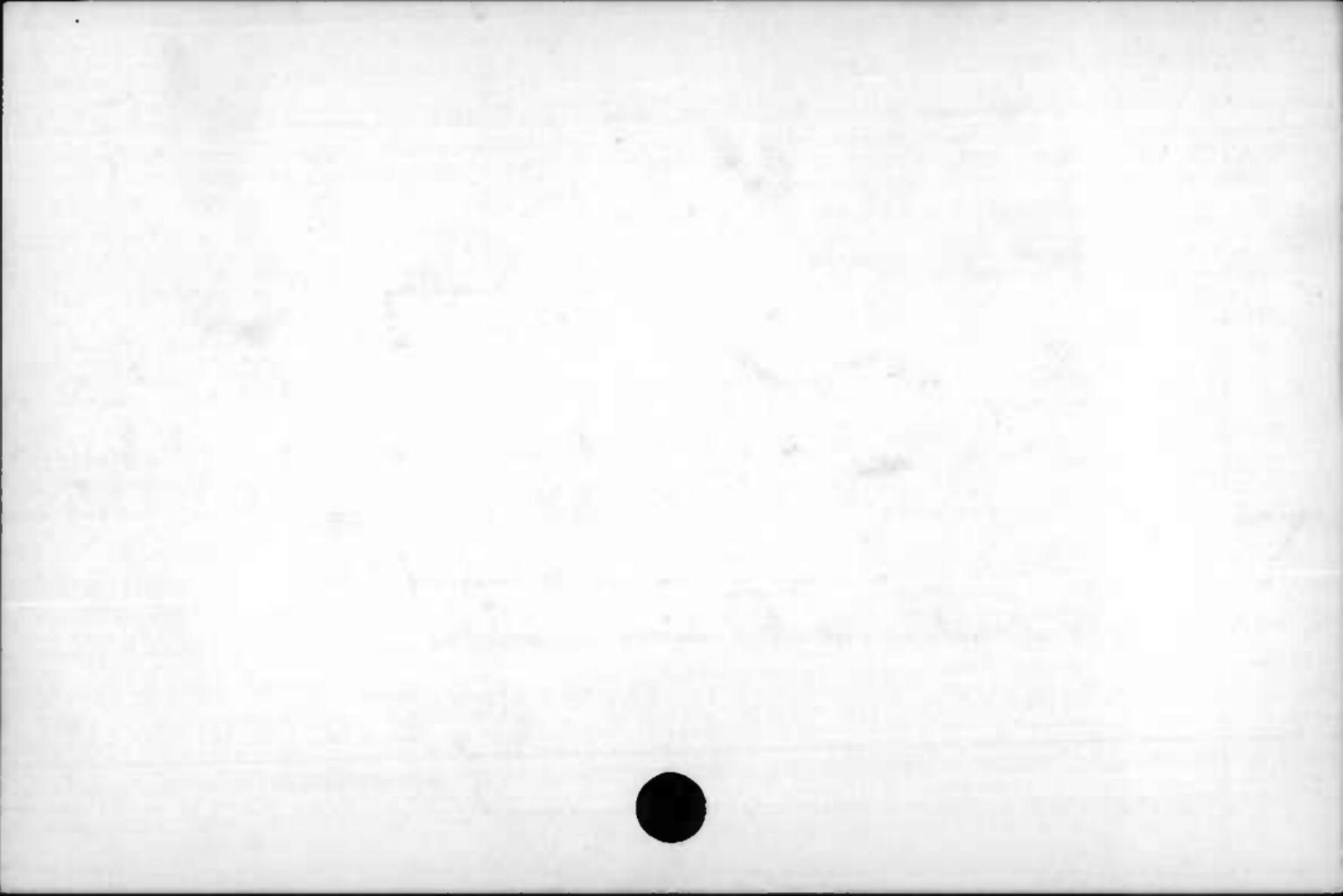
Signature of Physician

Address

J. L. Massie
Smithsberry

Yes so far as I know

Accident or Suicide?



Name
in
Full

Charlton F. Verking

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month July	Day 11	Years 33
Sex Male	Color or Race White	Birthplace Wash. Co	Months 11 Days 20
Occupation Farmer	Where Residing if not at place of death Near Rockville		
Married, Single or Widowed Married	Name of Wife or Husband Mary Jane Smith	Father's Birthplace Wash Co	
Father's Name Inv. H. Verking	Mother's Birthplace		
Mother's Maiden Name Mary Young	"		
Name of person giving information Inv H. Verking	How related to deceased Father		

CAUSES OF DEATH

171

PHYSICIAN
OR CORONER

Primary

Lightning bolt =

How long

Immediate

Immediate

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. S. Davis
Boonesboro
Md

Accident or Suicide?

